



**Riverside County Office of Education
District Fiscal Services**

**DECLARATION FOR REPLACEMENT OF
LOST OR DESTROYED PAYROLL WARRANT
(GOVERNMENT CODE SECTION 29850)**

I declare that I am the legal owner (or) custodian of warrant number _____,
dated _____, in the amount of \$ _____, payable to
_____, for Payroll _____, issued by the County Auditor of
Riverside County for District number _____, which was lost (or) destroyed on or about
_____, before payment by the Treasurer and that all material facts relating
(date)
to its loss or destruction (including explanation of reason if legal owner or custodian is other than
payee named in warrant) as follows:

I declare under penalty of perjury that the foregoing is true and correct. Executed on _____,
(date)
at _____, California.
(city)

Claimant Signature: _____
Name Printed: _____
Mailing Address: _____

****Requires signature of authorized payroll warrant approver.**

****Please sign on designated line below.**

Authorized Payroll Warrant Approver

Date