



The San Diego Community College District

3375 Camino del Rio South, San Diego, CA 92108-3883

(Vendor/Payee ID)

CITY COLLEGE***MESA COLLEGE***MIRAMAR COLLEGE***ECC/CONTINUING ED CENTERS***ABSO***MILITARY EDUCATION

AFFIDAVIT/PETITION TO VOID AND OBTAIN A NEW REPLACEMENT FOR A LOST OR DESTROYED WARRANT **(Individual)**

The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the SDCCD Board Policy 3410: NONDISCRIMINATION at the link below. For details and contact information: <https://www.sdccd.edu/students/titleix/> SDCCD Board Policy 3410

PART I: TO BE COMPLETED BY PAYEE:

State of X
County of X

 X (Name of person signing affidavit) deposes and says:

That (s)he is the payee/legal owner of original warrant number _____ dated _____ and issued by the San Diego Community College District in favor of _____, as payee thereof, in the amount of _____ Dollars (\$_____.____):

That said warrant was not endorsed, has not been paid but was lost, destroyed or mutilated before the same was paid by by the County Treasurer of the County of San Diego and cannot now be produced by the said payee. That the circumstances of such loss, destruction or mutilation and all material facts relative thereto are as follows: X

I hereby request that said warrant be voided and rendered non-negotiable and a replacement warrant be issued in favor of the payee for the same amount as the original warrant.

I agree to repay the County of San Diego and/or the San Diego Community College District the amount of this replacement warrant plus interest and reasonable collection expenses if my actions have caused the San Diego Community College to issue this replacement warrant and it is not owed to me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed at X on X , _____.
(City and State) (Date)

Signature: Name <u> X </u>	Address: <u> X </u>
in Print: Phone <u> X </u>	<u> X </u>
Number: <u> X </u>	e-Mail: <u> X </u>

*****Warning to Payee: Do not try to deposit or cash the lost original warrant since it will become void if you submit this Affidavit/Petition to the District. A warrant will also become void if it is not paid by the County Treasurer within six months from its issue date.**

(FOR NOTARY USE ONLY)

(This affidavit must be notarized if executed outside the State of California)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____,
(date) (month) (year)

AFFIDAVIT TO VOID AND OBTAIN REPLACEMENT OF LOST OR DESTROYED WARRANT - (Cont'd)
(Individual)

Payee ID

PART II: TO BE COMPLETED BY ORIGINATING CAMPUS/DEPARTMENT:

(Assist payee in filling in information required in Part I and complete Part II before sending this form to District Business Services. Give an extra copy of Part I to the Payee and emphasize to him that if he ever receives the original lost warrant, he should either return it or destroy it.)

Payee Name: _____ Phone No: _____

Warrant No: _____ Warrant Date: _____ Warrant Amount: _____
Voucher ID: SF _____

Disposition of Replacement Warrant: (Check One Only)

- | | |
|--------------------------|---|
| ☐ | Remail to address indicated on Part I above. |
| ☐ | Will be picked up by payee. Student will pick up check at the District Office/Student Services. |
| ☐ | Will be picked up by originating campus/department courier/representative _____ |
| ☐ | Send to originating campus/department via district mail, Attn: _____ |
| ☐ | Others (specify) _____ |

Submitted by: _____ Campus/Dept: _____

Date: _____ Phone Number: _____

PART III: TO BE COMPLETED BY DISTRICT BUSINESS SERVICES:

1. COSD WEB WARRANT INQUIRY: (Check all applicable info & attach print-out)

a. As of _____, the status of the original warrant is:
(Date)

- ☐ **NEGOTIABLE**. Replacement warrant can be issued.
- ☐ **VOID**. Negotiable original warrant must be voided first before releasing the replacement warrant.
- ☐ **RECONCILED/PAID**. Original warrant cannot be replaced. Contact payee/originating dept immediately.
(If Payee claims forgery, obtain a copy of the paid warrant from the County).

Verified by: _____ Date: _____

Approved by: _____ Date: _____