|  |  |  |
| --- | --- | --- |
| OMES 20R(Revised 11/20)  | **STATE OF OKLAHOMA** WARRANT REPLACEMENT REQUEST | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| [ ]  Canceled by Statute (Warrant) *Attach Warrant* | [ ]  Canceled by Statute (No Warrant)*Complete Notary* | [ ]  Active Lost or Destroyed *Complete Notary and attach OST Stop Pay Confirmation* |

**REQUIREMENTS FOR REISSUE:**

|  |  |
| --- | --- |
| * Pursuant to Statute 62 – 34.80 & 34.81
* Any changes or Special Circumstances must be approved; submit requests to the replacement email listed on Pg. 2
* **The 20R form does not replace 700 Fund Warrants**
 | * Stop Pay Placed on Outstanding/Active Lost or Destroyed Warrants
* Stat Cancel Not Exceeding 36 Months Following the month in which the warrant was canceled
 |

**WARRANT INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency # | Warrant # | Issued Date | Amount |  |
|  |  |  |  |
| Vendor / Payee / Holder In Due Course | Vendor ID | V. Loc. # |
|  |  |  |
| PeopleSoft Voucher(s) |  |

**PAYEE NOTARY:**

 S t a p l e W a r r a n t H e r e 

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (print name) being duly sworn according to law, depose and state that the above listed warrant was lost or destroyed, and was not older than 3 years or 36 months passed the date of canceling by statute. The loss or destruction occurred on or about \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, under the following circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The warrant was (not) endorsed as the below notarized signature. The payee / holder in due course will not subsequently present the missing warrant for payment. In consideration of the issuance of a replacement, the undersigned payee / holder in due course, agrees to indemnify and protect the State of Oklahoma from any loss or harm arising from the issuance of such replacement warrant.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Signature – Payee / Holder in Due Course Title or Position Business Name**

**State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subscribed and sworn before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_**

**My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public or Clerk or Judge**

|  |
| --- |
| **RESERVED FOR STATE AGENCY - BELOW** |

**WARRANT CONTACT:**

Questions, rejections, and Stat Canceled warrants will be sent to the attention of the warrant contact listed below.

|  |  |  |
| --- | --- | --- |
| Agency Reissue Requestor Name | Phone Number | E-Mail Address |
|  |  |  |
|  **FORM APPROVAL:**  **>>> I hereby certify that to the best of my knowledge the above information is true and factual. <<<****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_** **Agency Approving Officer Signature Title or Position Date** |

*SUBMIT THIS PAGE ONLY*

FORM SUBMISSION:

*Please submit this signed form and a scanned copy of the warrant (if applicable) to* OMESTPAccountsPayable@omes.ok.gov.