

Department of Transformation and Shared Services Office of Personnel Management Affidavit of Forged Warrant

The records of the	of Ark	of Arkansas reflect that				
Agency			Payee(s) ex	(s) exactly as original warrant		
was issued Warrant Number		Dated		, in the amount of		
Correct Fiscal Year ar	nd Number	Date				
, the same being in paymer	nt of					
Dollar Amount	Invoice #	Agency #	Fund Center	Commitment Item	Fund	
Social Security Number	Gross	s Pay		Withholding		
Address						
Phone Number	Disbursing Officer					
 I / We, Payee (s) Check Appropriately - All That Apply I received and lost. I did not receive, endorse nor cash. I have not authorized another person to sign my I have no knowledge of the whereabouts of the warrant. If this warrant is presented for payment, the endorsement on same is a forgery. 	warrant or of an	arrant. y other persor	ate that:	, cashed, or endorsed t	he	
Payee Signature		Payee	Signature			
Address		Addres	S			
City, State and Zip Code		City, St	ate and Zip Code			
Daytime Phone Number		Daytime Phone Number				
On this the da to instrument and acknowledged that they signed, sea purpose therein mentioned.	me known to be	the persons of	described in and w	e me personally appea vho executed the foreg free act and deed for th	oing	
Notary Public						
County and State						

My Commission Expires