

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619 – Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the _____ of Arkansas, Phone # _____
Agency

Agency Address _____

Reflect that _____,
Payee/Payees

_____,
Payee's Address City

_____, was/were issued
State Zip Code

State Warrant number _____, dated _____,

in the amount of \$ _____, the same being in payment

of Voucher No. _____, Agency No. _____,

Appropriation No. _____, Character Code _____,

Fund Code _____, Social Security No. _____, or

if corporation-Federal Tax ID No. _____.

Also, please furnish your current Business Area _____ Fund Code _____ Cost Center

Group _____ & Fund Center _____

Agency Disbursing Officer's Full Name (please print)

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

- _____ 1. I/we received and lost.
- _____ 2. I/we did not receive, endorse nor cash.
- _____ 3. I/we have not authorized another person to sign my/our name(s) to
the warrant.
- _____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other
Person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was cashed, the endorsement was a forgery.