



**Section 1: Claimant Information**

Instructions: Complete this form if the warrant has been voided due to age and needs to be reissued. Submit the completed form **to the agency that issued the original warrant.**

Claimant's Name (Holder of Warrant)	Claimant's Social Security or Federal Tax Identification Number	Today's Date
Claimant's Address (Street or Rural Route, City, State and Zip Code)		
Warrant Number	Date Issued	Amount
Original Warrant Payable To		

**Section 2: Reason For Claim**

Describe in detail all circumstances pertaining to this claim. If claimant is other than original payee, state the conditions under which the warrant came into your possession and attach any documents that support your request for payment. The original warrant **should** accompany this claim, or an explanation of why it cannot be attached.

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**Section 3: Certificate**

State of Ohio County of

I certify that the above is a complete statement of circumstances surrounding this claim against the State of Ohio and that all facts and statements contained herein are true to the best of my knowledge.

Date

Signature of Claimant

The foregoing instrument was acknowledged before me this

day of 20

Notary Public

Seal

My Term Expires