

WAW

211 - AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

WHEREAS, the State of Montana through its regularly authorized officers, did on the ____ day of _____, 20__ issue to _____ a certain warrant number _____, in the sum of \$ _____, drawn upon the State Treasurer of the State of Montana, and WHEREAS, said warrant has been reported as lost or destroyed it is hereby requested that the Department of Administration issue a replacement warrant in lieu of said warrant so lost or destroyed; and WHEREAS, as a condition precedent to the issuance of said replacement warrant the person entitled to receive it is required to file an Agreement to Indemnify in conformity with MCA, 17-8-306;

Should the original warrant be recovered, it will be presented to the State of Montana for destruction.

NOW, THEREFORE, upon the issuance of the replacement warrant, hold harmless the State of Montana and its officers and employees from any loss resulting from the issuance of a replacement warrant.

Notarization: Because the original warrant cannot be presented to the Department of Administration at the time this Agreement to Indemnify is filed, the payee's signature appearing hereon must be affixed before, and certified by a Notary Public.

State of _____ County of _____ Signed and sworn before me this _____ day of _____, 20 _____ by _____ _____ Signature of Notary _____ Notary Name (typed, stamped, or printed)	Notary's Seal
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Return Agreement to:

Mail:

Department of Administration -SAB
 Warrant Writer Unit
 PO Box 200102
 Helena, MT 59620-0102

Or Fax:

(406) 444-2812

Payee's Signature
Social Security Number or Federal Tax ID
Address
City, State, and Zip Code
Phone Number

Issuing Agency *REQUIRED*				
BUSINESS UNIT	ACCOUNT	Fund	Per	Phone
Department of Administration Use Only				
STATUS CHECK	<input type="checkbox"/>	Days Outstanding _____		
VOID	<input type="checkbox"/>	Close	<input type="checkbox"/>	REOPEN & REISSUE <input type="checkbox"/>
NON-MAILER	<input type="checkbox"/>	Mailer	<input type="checkbox"/>	By _____ Date _____
SUPPLIER ID	_____		VOUCHER APPROVED BY	_____ Date _____
JOURNAL ID	_____		JOURNAL APPROVED BY	_____ Date _____

Name _____
 {ID of A use only}
 Voucher# _____
 Replacement# _____
 Date _____