

# 212 - AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

WHEREAS, the State of Montana through its regularly authorized officers, did on the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) issue to \_\_\_\_\_ (name) a certain warrant number \_\_\_\_\_ (warrant no), in the sum of \$ \_\_\_\_\_ (amount) 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 _____ Payee's Signature ( <i>if two signatures required</i> ) _____ Social Security Number or Federal Tax ID _____ Address _____ City, State, and Zip Code _____ Phone Number _____
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**Instructions:** Please provide the warrant number, issue date, payee, and amount, if known, on the top part of form. Complete the notarization and payee sections of this form. If you do receive the original warrant, do not cash or deposit the warrant. Please return it to the State of Montana for destruction.

ISSUING AGENCY - *REQUIRED*			
Business Unit		Per	
DEPARTMENT OF ADMIN ONLY			
Status Check	<input type="checkbox"/>	Days Outstanding	_____
Void	<input type="checkbox"/>	Close	<input type="checkbox"/> Reopen & Reissue <input type="checkbox"/> By _____ Date _____
Non-Mailer	<input type="checkbox"/>	Mailer	<input type="checkbox"/> By _____ Date _____
Supplier ID	_____		

Name \_\_\_\_\_  
 {D of A use only}  
 Voucher# \_\_\_\_\_  
 Replacement# \_\_\_\_\_  
 Date \_\_\_\_\_