

**STATE OF MONTANA  
STATEWIDE ACCOUNTING SYSTEM**

**214 -STALE-DATE  
WARRANT REPLACEMENT  
AFFIDAVIT**

DOA Use Only  
Affidavit No

Pursuant to MCA, 17-8-303, the State Treasury may, upon proper showing by affidavit, issue a new warrant to the payee or legal owner of the stale-dated warrant. This affidavit, properly completed, must be prepared and submitted to the Department of Administration before a replacement warrant can be issued.

**To be Completed by Agency Representative**

<b>1) Business Unit</b>	<b>2) Voucher ID</b>	<b>3) Agency Contact</b>
<b>4) Reference (Warrant Number)</b>	<b>5) Issue Date (mm/dd/yyyy)</b>	<b>6) Supplier No.</b>

**To Be Completed by Payee or Legal Owner**

<b>1) Warrant Amount</b>	<b>2) Disposition of Warrant (check appropriate box)</b> <input type="checkbox"/> Warrant Attached   <input type="checkbox"/> Disposition Unknown	
<b>3) Payee Name</b>	<b>4) Legal Owner (if other than payee)</b>	
<b>5) Legal Owner's SSN or Federal Tax ID</b>	<b>6) Legal Owner's Phone Number</b>	

**7) Legal Owner's Mailing Address**

Line 1 \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_

<b>8) Affiant's Signature (all affiants must sign)</b>	Date
_____	Date

**9) Notorization**

Before the stale-dated warrant is presented to the Department of Administration, the affiant'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 Public for the State of _____ Residing at _____ My Commission Expires _____	Notary's Seal           
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**To Be Completed by Department of Administration**

Supplier No:	Add:	Voucher ID:	Date:	By:
Approved:	Date:	Replacement No:	Date:	
Status Updated:	Date:			

## **Instructions for Stale-Date Warrant Replacement Affidavit**

1. Complete boxes 1 – 8. Under the; To Be Completed by Payee or Legal Representative.
2. Box 9 must be completed unless payee has original or legal copy of warrant (check). Warrant must be mailed back with affidavit. If the payee does not have the legal copy of the warrant the document must be notarized.
3. To have a payment sent by EFT (electronic funds transfer, i.e., direct deposited), please submit a voided check or a direct deposit form 1199A that has been completed and signed by your bank. No Deposit Slips please.
4. Mail or fax the completed Stale-Date Warrant Replacement Affidavit to:  
Fax: (406)-444-2812  
Department of Administration  
PO Box 200102  
Helena, MT 59620-0102