WAW

211 - AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

07/19/2016

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

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 ☐ Days Outstanding ____

VOID ☐ Close ☐ REOPEN & REISSUE ☐ By _____ Date _____

NON-MAILER ☐ Mailer ☐ By _____ Date _____

VENDOR ID _____ VOUCHER APPROVED BY _____ Date _____

JOURNAL ID _____ JOURNAL APPROVED BY _____ Date _____

Name {D of A use only} _____

Voucher# _____

Replacement# _____

Date _____

Revised 07/2016