

STATE OF MONTANA  
EX OFFICIO STATE TREASURER  
PO BOX 200102  
HELENA, MT 59620-0102

## 213 - CERTIFICATION FOR PAYROLL REPLACEMENT WARRANT

**This is to certify that the Montana Payroll Warrant listed below has been lost or destroyed prior to its delivery to the payee. It is hereby requested that the Department of Administration issue a replacement warrant in lieu of said warrant, so lost or destroyed in conformity with MCA, 2-18-411. If at any time, the original warrant does come into the hands of this Department, I will immediately turn said warrant over to the Department of Administration. Any loss incurred in connection with the issuance of a replacement warrant, shall be charged against the account from which the payment of the original warrant was derived.**

**Warrant #** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Issued Date** \_\_\_\_\_  
**Business Unit** \_\_\_\_\_

\*\*\*\*\*

**Payee Name:** \_\_\_\_\_

**SS #:** \_\_\_\_\_

**Correct Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**AGENCY CONTACT:** (Printed) \_\_\_\_\_

**Authorized Agency Signature:** X \_\_\_\_\_

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**Department of Administration Use Only**

Status check \_\_\_\_\_ Days Outstanding \_\_\_\_\_

Void \_\_\_\_\_ Close \_\_\_\_\_ Reopen\*Reissue \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Non-Mailer \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

WWU Journal ID # \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Business Unit \_\_\_\_\_ Voucher \_\_\_\_\_ Fund \_\_\_\_\_ Acct \_\_\_\_\_ 2002/jld

Name \_\_\_\_\_  
{office use only}  
Replacement # \_\_\_\_\_  
Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Vou# \_\_\_\_\_ Date \_\_\_\_\_