

WAW - 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 _____	Notary's Seal
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 _____	

Return Agreement to:

Mail:

Department of Administration - SAD
 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

Department of Administration Use Only			
STATUS CHECK	<input type="checkbox"/>	DAYS OUTSTANDING	_____
VOID	<input type="checkbox"/>	CLOSE	<input type="checkbox"/>
NON-MAILER	<input type="checkbox"/>	MAILER	<input type="checkbox"/>
VENDOR ID	_____	VOUCHER APPROVED BY	_____
JOURNAL ID	_____	BY	_____
BUSINESS UNIT	_____	JOURNAL APPROVED BY	_____
ACCOUNT	_____	FUND	_____
		PER	_____

Name _____
 {Office Use Only}

Voucher# _____

Replacement# _____

Date _____