

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT  
COUNTY OF CONTRA COSTA  
COUNTY AUDITOR-CONTROLLER  
LOST/DESTROYED WARRANT CERTIFICATE

FOR PAYROLL USE ONLY

Social Security # \_\_\_\_\_

Employee ID # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work or Cell Phone # \_\_\_\_\_

Replacement

Check # \_\_\_\_\_

Date: \_\_\_\_\_

Stop Payment Placed On: \_\_\_\_\_

I (name), \_\_\_\_\_

residing at (address): \_\_\_\_\_ in the

city of \_\_\_\_\_, California, (Zip Code) \_\_\_\_\_

County of \_\_\_\_\_, declare that:

I am the owner and holder of that certain warrant, dated \_\_\_\_\_, check number \_\_\_\_\_ drawn by the County Auditor-Controller of the County of Contra Costa on **8807** Fund of said County, in favor of **same** payee thereof, in the amount of \$ \_\_\_\_\_

That said warrant was (lost, stolen, lost in mail, etc.) \_\_\_\_\_ before the same was paid to me:

That I received no benefit or value from the proceeds of said warrant and no part thereof was applied to any use in my behalf:

I did not endorse the warrant.

I endorsed the warrant as follows \_\_\_\_\_

That the material facts relative thereto are as follows: \_\_\_\_\_

\_\_\_\_\_

I understand that in signing this form I am aware that if I receive the above mentioned check and attempt to cash or deposit it, that the funds will not be covered and I will be responsible for all overdraft fees incurred in doing so. Further, I agree to immediately return to WCCUSD un-cashed the said warrant if it comes into my possession.

\_\_\_\_\_  
Initial

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

LEGAL REFERENCES:  
Section 29850 - 2 of the Government Code  
Section 2015 of the Code of Civil Procedure

Lost Warrant Form/Payroll Dept

Revised 10/5/2017