

**San Diego County Office of Education**  
**DECLARATION TO OBTAIN SUBSTITUTE OF**  
**LOST OR DESTROYED WARRANT**  
*FOR 10/12 PAY WARRANTS*

\_\_\_\_\_ declares as follows:  
(SSN & Name of person signing declaration)

1) That (s)he, payee, is the legal owner of that certain County warrant number 10-\_\_\_\_\_ dated \_\_\_\_\_ and drawn by the Auditor and Controller of the County of San Diego on \_\_\_\_\_  
(District's Name)  
 \_\_\_\_\_ San Diego County 10/12 Pay Trust fund (54868) of that County, in favor of \_\_\_\_\_  
(Payee Name)  
 as payee thereof, for \_\_\_\_\_  
(Warrant amount in Words)  
 \$ \_\_\_\_\_.

That the warrant was not endorsed, has not been paid but was lost, destroyed or mutilated before the same was paid by the Treasurer of the County of San Diego, and cannot now be produced by the payee.

2) That the circumstances of such loss, destruction of mutilation and all material facts relative thereto, are as follows: **[STATE REASON]**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3) I agree to repay the County of San Diego the amount of this substitute warrant plus interest and reasonable collection expense if my actions have caused the County of San Diego to issue this duplicate warrant and it is not owed to me.

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT:**

DATED: \_\_\_\_\_ AT: \_\_\_\_\_  
(City & State)

SIGNATURE: \_\_\_\_\_  
Form 124 (Gov. Code 29850 - 29854 - CCP 2015.5) (TITLE)

FOR COUNTY OFFICE USE ONLY

PER COUNTY SYSTEM, WARRANT IS STILL OUTSTANDING ON	_____	BY: _____
WARRANT WAS VOID ON THE PAYROLL SYSTEM	_____	BY: _____
VERIFICATION OF VOID ON THE COUNTY AUDITOR SYSTEM	_____	BY: _____
DUPLICATE WARRANT SENT TO DISTRICT ON	_____	BY: _____