



The San Diego Community College District

3375 Camino del Rio South, San Diego, CA 92108-3883

(Payee ID)

CITY COLLEGE***MESA COLLEGE***MIRAMAR COLLEGE***ECC/CONTINUING ED CENTERS***ABSO***MILITARY EDUCATION

PETITION FOR ISSUANCE OF NEW WARRANT IN LIEU OF OVERAGE WARRANT (Individual)

PART I: TO BE COMPLETED BY PAYEE:

State of _____
County of _____

TO THE BOARD OF TRUSTEES OF THE SAN DIEGO COMMUNITY COLLEGE DISTRICT:

I, the undersigned, declare that I am the payee of original warrant number _____ dated _____ in the amount of _____ (\$_____), attached hereto, or that said warrant was not endorsed, has not been paid but was lost, destroyed or mutilated before the same was paid by the County Treasurer of the County of San Diego and cannot now be produced by the said payee. That the circumstances of such loss, destruction or mutilation and all material facts relative thereto are as follows: _____

I hereby request that you adopt an order instructing the District Disbursing Officer to draw a new warrant in my favor for the same amount as the original warrant.

I agree to repay the County of San Diego and/or the San Diego Community College District the amount of this replacement warrant plus interest and reasonable collection expenses if my actions have caused the San Diego Community College District to issue this replacement warrant and is not owed to me.

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

Executed at _____ on _____, _____.
(City and State) (Date)

Signature: _____ Address: _____
Name in Print: _____
Phone Number: _____

(FOR NOTARY USE ONLY)
(This affidavit must be notarized if executed outside the State of California)

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ day of _____, _____.
(date) (month) (year)

PETITION FOR ISSUANCE OF NEW WARRANT IN LIEU OF OVERAGE WARRANT (Cont'd)
(Individual)

Payee ID _____

PART II: TO BE COMPLETED BY ORIGINATING CAMPUS/DEPARTMENT:

(Assist payee in filling in information required in Part I and complete Part II before sending this form to District Business Services. Give an extra copy of Part I to the Payee and emphasize to him that if he ever receives the original overage warrant, he should either return it or destroy it).

Payee Name: _____ Phone No: _____

Warrant No: _____ Warrant Date: _____ Warrant Amount: _____

Disposition of Replacement Warrant: (Check One Only)

- Remail to address indicated on Part I above.
- Will be picked up by payee. Student will pick up check at the District Office/Student Services.
- Will be picked up by originating campus/department courier/representative _____
- Send to originating campus/department via district mail, Attn: _____
- Others (specify) _____

Submitted by: _____ Campus/Dept: _____

Date: _____ Phone Number: _____

PART III: TO BE COMPLETED BY DISTRICT BUSINESS SERVICES:

1. COSD WEB WARRANT INQUIRY (Check all applicable info & attach print-out):

- a. As of _____, the original warrant is: **NEGOTIABLE**
 VOID/OVERAGE
 RECONCILED
 (Date)

d. A replacement warrant will be processed as follows:

INVOICE NO.	FUND	DETAIL FUND	COST CTR	TOPS	OBJECT	AMOUNT	COMMENT
	11	1010	00000	000000	9503		Replace overage Warrant No. 94-
	74	7010	00000	000000	9503		
TOTAL							

2. ORDER OF THE BOARD OF TRUSTEES TO DRAW WARRANT:

It is ordered by the Board of Trustees of the San Diego Community College District that the Disbursing Officer draw a new warrant in favor of the same payee and in the same amount of the above-described warrant. (AUTHORIZED BY BOARD DOCKET 833, RESOLUTION 833.1 DATED JUNE 27, 1984)

3. After issuance of replacement, post the Voucher Number, Replacement Warrant Number and Date.

Prepared by: _____ Date: _____

Approved by: _____ Date: _____