LAS POSITAS COLLEGE

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Office of Administrative Services
Duplicate Warrant Request
ASB/Co-Curricular/Revolving Checks

A duplicate warrant (check) may only be issued after a stop payment has been placed on the original warrant and the payee has signed this affidavit stating that the warrant was lost or not received. In addition, section 29853 of the Government Code stipulates that there be a waiting period (from the date the original warrant was mailed) before the check may be replaced. After this waiting period, the duplicate warrant will be prepared and mailed to the Claimant.

SECTION 1: INSTRUCTIONS TO DEPARTMENT

If a payee has not received a check and an appropriate investigation has been made by the department/payee to locate it, contact the Office of Administrative Services. If a duplicate check is to be issued, complete Section 1 of this form. The payee's name listed on this form must match the name shown on the original check. Instruct the payee to complete Section 2 of this form and return it to you. Forward the completed form to the Office of Administrative Services at lpc-businessoffice@laspositascollege.edu.

Check Information

Check Number:		Payable To:	
Check Date:		Purpose:	
Check Amount:		Fund Type:	☐ ASB | ☐ Co-Curricular | ☐ Revolving

Print Name _____ *Date* _____

SECTION 2: INSTRUCTIONS TO CLAIMANT/PAYEE

Please complete this section if you have lost or not received the check described herein. If you receive the original check, immediately notify the Las Positas College Administrative Services Office at **925-424-1634** and ask for further guidance. It is imperative that you **DO NOT** attempt to cash the original check.

If the original check is cashed:

- You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and
- You will need to reimburse Las Positas College for the $30 stop payment fee; and
- You will need to reimburse the full amount paid by the replacement check.

I hereby certify that I have ☐ ***lost*** *|* ☐ ***not received*** *the check described above and that said check* ☐ ***has*** *|* ☐ ***has not*** *been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.*

Print Name of Payee/Authorized Agent _____ *Signature of Payee/Authorized Agent* _____ *Date* _____

Company Name, if applicable _____ *Email* _____ *Phone #* _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY

Reviewed: _____ *Administrative Services* Verified: _____ *Administrative Services Officer* Approved: _____ *VP, Administrative Services*

Received: _____ Form Ref #: _____ Doc #: _____ Reissue Date: _____

TR 12.9.25