

REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

STD 435 (Rev. 10/2019) Page 1

DATE REQUESTED		AGENCY TELEPHONE NUMBER	WARRANT NUMBER
REQUESTING AGENCY		UNIT / SECTION	DATE ISSUED (MM-DD-YY)
IDENTIFICATION NUMBER			AMOUNT (Net Only)
NAME (Exactly as it appears on warrant)			FUND NUMBER
NAME ADDRESS AND ZIP CODE	SCO USE ONLY		
	STATUS		
	EFFECTIVE STOP DATE		
	REPLACEMENT NUMBER		
			REPLACEMENT DATE

RETURN TO: State Controller's Office, Administration and Disbursements Division - Post Issuance Unit
P.O. Box 942850, Sacramento, California 94250-5871

IMPORTANT! SEE INSTRUCTIONS (on Page 2)

I, _____

Mailing Address: _____

certify or declare: _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

That the State of California Controller's warrant described above was never received; lost/destroyed;
 stolen on or about _____ (give date, including year), under the following circumstances:

That declarant is the owner or custodian of said warrant, has not cashed or transferred same, and is entitled to possession thereof; or the corporation, partnership, or government agency in whose behalf declarant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof.

(If a corporation is owner or custodian) That declarant is an officer, to wit _____ TITLE _____

of, _____, a corporation and is authorized to make this application and enter into the indemnity agreement provided herein on behalf of said corporation.

Application is made to the State Controller to issue a duplicate warrant in lieu of said original warrant, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State, its officers and employees, from any loss resulting from the issuance of said duplicate warrant. (This indemnity agreement is not applicable if the payee of the lost or destroyed warrant is any governmental agency or officer thereof; or if the State of California, agency or officer thereof, is owner or custodian.)

I/We certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DECLARANT(S)		DATE SIGNED
1.		DATE SIGNED
2.		
TITLE (If signing for Corporation, Partnership or Government agency)		
CORPORATION, PARTNERSHIP OR GOVERNMENT AGENCY NAME (If applicable)		
DAYTIME TELEPHONE NUMBER (Include Area Code)		

REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT**INSTRUCTIONS**

1. **The completion of this application will enable the State Controller to send you a duplicate warrant to replace the original which was reported as never received, lost/destroyed, or stolen. If you receive the original warrant prior to completing this application: cash the original warrant and destroy this application.**
2. **IMPORTANT:** For your records, please make a copy of Page 1 or note the warrant number, date issued, amount, and agency telephone number.
3. **Inquiries can be made to the requesting agency. See top of Page 1, AGENCY TELEPHONE NUMBER.**
4. **Please fill out the application carefully and completely. All blanks must be filled. An individual applying in his/her own behalf need not show his/her title, or name of firm, corporation, or governmental agency. If the warrant is drawn to more than one payee, each must sign the application exactly as the name appeared on the original warrant. See Page 1, NAME (Exactly as it appears on warrant).**
5. **Once the application has been signed and returned to the State Controller's Office, DO NOT CASH THE ORIGINAL WARRANT.** If the original warrant is presented for payment, it will not clear through the banking system, and processing charges may result. The original warrant is invalid. Please destroy if received or recovered.
6. After completion, mail all original pages to:

State Controller's Office
Administration and Disbursements Division - Post Issuance Unit
P.O. Box 942850
Sacramento, CA 94250-5871

INSTRUCCIONES

1. El completo de esta solicitud permitirá al Controlador del Estado del Estado enviarle un cheque duplicado para substituir el original que fue reportado como nunca recibido, perdido/destruido, o robado. Si usted recibe el cheque original antes de llenar esta solicitud: cobre el cheque original y destruya esta solicitud.
2. **IMPORTANTE:** Para su expediente, por favor haga una copia de página 1 (Page 1) o anote el número del cheque (WARRANT NUMBER), fecha (DATE ISSUED), cantidad (AMOUNT), y número de teléfono de la agencia (AGENCY TELEPHONE NUMBER).
3. Preguntas se pueden dirigir a la agencia. Vea parte superior de Page 1, AGENCY TELEPHONE NUMBER.
4. Por favor complete la solicitud cuidadosamente y totalmente. Todos los espacios en blanco deben ser llenados. Si el beneficiario aplica por si mismo, no necesita demostrar su título, el nombre de la corporación, o de la agencia gubernamental. Si el cheque esta a nombre de más de un beneficiario, cada uno debe firmar la solicitud exactamente como apareció el nombre en el cheque original. Vea Page 1, NAME (Exactly as it appears on warrant).
5. Una vez que la solicitud a sido firmada y regresada a State Controller's Office, **NO COBRE EL CHEQUE ORIGINAL.** Si el cheque original es presentado por pago, no sera pagado a través del sistema bancario, y cargos por el proceso pueden resultar. El cheque original es nulo. Por favor destruya si es recibido o recuperado.
6. Después de completar, envíe todas las páginas originales a:

State Controller's Office
Administration and Disbursements Division - Post Issuance Unit
P.O. Box 942850
Sacramento, CA 94250-5871

REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

(This form is to completed by the Requesting Agency)

WARRANT NUMBER

DATE ISSUED (MM-DD-YY)

AMOUNT (Net Only)

NAME (Exactly as it appears on warrant)

NAME

ADDRESS

AND ZIP CODE

The State Controller's Office issued and mailed a duplicate warrant to the payee listed above on _____

AGENCY ADDRESS (Required):

--