Iowa Department of Human Services

AFFIDAVIT AND AGREEMENT FOR ISSUANCE OF DUPLICATE WARRANT

Claimant Name
Claimant Address

I certify that:

- I have not received the state of Iowa warrant listed below which was made out to me, and I have no knowledge of its whereabouts; or
- I received the warrant, but inadvertently lost, damaged, or destroyed it before I could cash it.

Warrant Number	Account Number	
Warrant Amount	Issue Date	Case or Invoice Number

In consideration of the issuance and delivery to me of a new warrant in the same amount, I agree that I will promptly turn in the original warrant if it ever comes into my possession or control.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that this statement is true and correct.

Claimant's Signature	Date

Please return the completed form to:

DHS Division of Fiscal Management
Bureau of Purchasing, Payments, and Receipts, 1st Fl
1305 E Walnut St
Des Moines IA 50319-0114