

Department of Administrative Services  
State Accounting Enterprise

**REQUEST FOR  
ISSUANCE OF DUPLICATE WARRANT**

Payee Name \_\_\_\_\_

Payee Address \_\_\_\_\_

I certify that:

- I have not received the State of Iowa warrant listed below, which was made in my name and I have no knowledge of its whereabouts; or
- I received the warrant below, but it has been lost, damaged, or destroyed before I could redeem it.

**Warrant Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

**Warrant Amount** \_\_\_\_\_ **Issue Date** \_\_\_\_\_

In consideration of the issuance and delivery to me of a duplicate warrant in the identical amount, I agree to promptly surrender the original warrant (described above) if it ever returns to 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.

\_\_\_\_\_  
*Handwritten Signature of Payee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Payee (If more than one Payee)*

\_\_\_\_\_  
*Date*

**Instructions Concerning Duplicate Warrants**

To better protect payee's interest, the owner of a warrant should immediately notify the department for which the service/delivered good was performed, in writing, of the lost warrant. The notification shall describe the circumstances of the loss and provide, if possible, the warrant issue date, number, and amount. Policy 270.600

**Mail Request to:**

DAS-SAE, 3<sup>rd</sup>Floor  
1305 E Walnut St  
Des Moines, IA 50319

(515) 281-6224

OR

**Email Request to:**

[DASSAEDailyProcessingTeam@iowa.gov](mailto:DASSAEDailyProcessingTeam@iowa.gov)