

## AFFIDAVIT FOR LOST OR STOLEN WARRANT

## STATE OF NEVADA Office of the STATE CONTROLLER 101 N CARSON ST STE 5 CARSON CITY NV 89701 775/684-5750

STATE OF	)	
COUNTY OF	) ss. )	
	of	Business Name
Your Name		Business Name
being first duly sworn under j	penalty of perjury, does solemr	nly affirm and declare that the following
assertions are true:		
THAT he/she is the pe	erson to whom Nevada State C	Controller's Warrant No
(Check one: Accounts Pay	yable Payroll), dated	Check number , was issued for the sum of
\$ Check Amount		Check Date
THAT said warrant ha	as not been paid to him/her.	
THAT said warrant is	not, to the knowledge of the A	Affiant, held by any other person or persons.
AFFIANT, therefore,	asks the Board of Examiners o	of Nevada to authorize the State Controller to
issue another warrant in lieu o	of such original warrant.	
		AFFIANT
SUBSCRIBED and SWORN	TO before me this	
day of	, 201	
NOTARY PUBLIC		