



WARRANT ACTION REQUEST

Agency: _____
Complete
Mailing Address: _____
Contact
Person: _____ **Phone:** _____
Email
Address: _____ **Date:** _____
Authorized Agency Official: _____

 (Signature)

PREMAIL ACTION REQUEST:

Last Minute Hold
 Last Minute Remail
 Last Minute Hold to Cancel

REPLACEMENT ACTION REQUEST:

Replace Warrant (authorizes stop-pay)
 Rescind Replacement Request

OTHER ACTION REQUEST:

Place Agency Stop (no replacement)
 Rescind Agency Stop
 Cancel for Redeposit
 Remail Warrant

ATTACHMENTS:

Affidavit Warrant

Warrant Number	Warrant Amount	Issue Date

IOC Use	Line No.	Payee Name and Current Address
	Line 1	
	Line 2	
	Line 3	
	Line 4	

Comments:

Voucher No.	Appropriation Account Code			FY	Vendor No.	Locator Code

Replacement Requests : Please provide a copy of your internal Invoice-Voucher (C-13) or SAMS PVTX (WH01 F10) if available and applicable.

IOC USE ONLY			
Issued Warrant No.	Issue Date		Affidavit
			Replacement Warrant
			Both

Stop-payment _____
Replaced _____
Special Replacement _____
Authorized By: _____
Date: _____