



OBM

Forgery Contact Information

Note: This form is to be completed by the agency for **each** claim submitted.

Section 1 - Agency Name and Contact

Date _____

Agency Name _____

Agency Contact Name _____

Contact Email _____

Phone Number _____

Section 2 - Payee(s) (All Information Required)

Name _____

SSN or Tax ID No _____

Mailing Address _____

City, State, Zip Code _____

Submit All Pertinent Warrant Forgery Information To:

**Office of Budget and Management
Payment Issuance Unit
Attn: Rita Passero
30 E. Broad St., 34th Floor
Columbus, OH 43215**

Questions? Please Contact Us:

**Phone : 1-614-644-7397
Emai: OBM.PaymentIssuance@OBM.Ohio.Gov
Fax: 1-614-485-1011
Website: OBM.Ohio.Gov**