



OBM

State of Ohio Office of Budget and Management

Claim for Reissuance of Voided Warrant due to Age Section 126.37 of the Ohio Revised Code

Instructions: This form is to be completed if the warrant has been voided due to age and needs to be reissued. Return the completed form **to the agency that issued the original warrant.**

Claimant's Name (Holder of Warrant):	Claimant's Social Security or Federal Tax Identification Number:	Date of this Application:
Claimant's Address: (Street or Rural Route, City, State, Zip Code):		
Warrant No.:	Date Issued:	Amount:
Original Warrant Payable to:		

Describe in detail all circumstances pertaining to this claim. If claimant is other than original payee, state the conditions under which warrant came into your possession and attach any documents that support your request for payment. The original warrant **should** accompany this claim, or an explanation of why it cannot be attached.

CERTIFICATE

STATE OF OHIO COUNTY OF: _____

I certify that the above is a complete statement of circumstances surrounding this claim against the State of Ohio and that all facts and statements contained herein are true to the best of my knowledge.

Date _____

Signature of Claimant

The foregoing instrument was acknowledged before me this _____ day of _____ 20____

SEAL _____

Notary Public

My Term Expires