

STATE OF OREGON
CERTIFICATION OF CLAIMANT

AD40

(To be used by State Agencies to cancel warrants two years after issue date.)

I, _____, certify to all of the following:
(Please Print)

1. That I am employed as _____ (Title) at the governmental agency _____.
2. That the mailing address of the agency is _____

_____.
3. That the original instrument was a warrant of the State of Oregon with date of issue _____, numbered _____, in payment for Doc #(s) _____, drawn in favor of payee _____, in the sum of \$ _____, furnished by the State of Oregon.
4. That the original instrument has been () lost, () destroyed or () stolen and has not been entered into our records.
5. That I furnish this statement to authorize the Dept of Administrative Services of the State of Oregon the cancellation of the original instrument once two years have passed from the date of issue.
6. I have the authority to approve the expense that may be created in the event the cancelled warrant is cashed.
7. My agency accepts the responsibility of this cancelled warrant and will work toward reimbursement from this payee in the event the original is cashed.

Agency Name _____

Signed _____
(Accounting Manager)

Title _____

Date _____

Please submit this form to WarrantStopCancel.1.SFMS@oregon.gov

Revised: 7/13/2021