Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

FI 15
07/2022
Division of Finance

Send completed form to:
DGO/Finance - Attention:
Payroll P.O. Box 141031
Salt Lake City, Utah 84114-1031
Email: payroll@utah.gov

Questions: **(801) 957-7770**

*EIN: _____

*Name: _____ *Dept / Unit: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Employee Phone: _____

PAYROLL WARRANT REQUEST

*Dept Name: *Division: _____ *Pay Period: _____ MM/DD/YYYY

Unit: _____ Distribution Code: _____ Prepared By: _____ Date: 06/10/2026 MM/DD/YYYY

Hours Description	Hours	Hourly Rate	Amount
Regular			$0.00
Overtime			$0.00
Annual			$0.00
Comp			$0.00
Converted Sick			$0.00
Excess			$0.00
Holiday			$0.00
Sick			$0.00
Other			$0.00
		Total Hourly Pay	$0.00

Other Pay Description	Amount
Annual Payout	
Converted Sick Payout	
Sick Payout	
Other Pay: (List)	
Total Other Pay	$0.00
Gross Pay	$0.00

DISBURSEMENT OF WARRANT:
- ◉ MAIL CHECK - DATE MAILED: _____
- ○ MAIL CHECK IN ATTACHED ENVELOPE - DATE MAILED: _____
- ○ CHECK WILL BE PICKED UP

WHEN WARRANT IS READY CALL: _____ PHONE#_____

Please explain why this payroll warrant is necessary:

*Fields Required to Submit Form

I hereby certify that the amounts on this form are due and payable to the employee identified herein.

Name of Authorized Signer: _____ **Title:** _____

***Authorized Signature:** _____ **Date:** _____ ***Submitted Date:** 06/10/2026

Completed by Disbursements

Warrant: _____ Date: _____ Amount: _____ Received by: _____
Signature Required