



THIS FORM REMAINS
IN STATE FINANCE

For questions, please call (801) 957-7770

Control Number

Request for Warrant To Replace Payroll Direct Deposit & Payroll Transactions

Name _____ Employee Number _____
 Address _____ / _____ / _____
 Home Dept. / Unit / Dist. No.
 City _____ State _____ Zip Code _____

PLEASE INDICATE HOW THE CHECK WILL BE DELIVERED (MARK ONE)

Picked Up Mailed Mail in Attached Envelope Put Check with Payroll

Warrant Number
(To be assigned by Accounting Operations)

Amount

Today's Date
MM/DD/YYYY

Payroll Date
MM/DD/YYYY

Reason for Warrant:

Direct Deposit Payroll Transaction

Explanation Explanation

Transaction verified by

Today's Date
MM/DD/YYYY

State Accountant or Authorized Agent

State Payroll Coordinator

Picked Up Mailed

By _____ Date _____