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.

THIS FORM CANNOT BE USED UNTIL YOU CONTACT PROGRAM STAFF – Bev Russell- 877-644-6338

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.

NOTARY 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

RETURN COMPLETED FORM TO THE PROGRAM STAFF AT THE ADDRESS BELOW:

Ohio Department of Education
Attention: Bev Russell
Quality School Choice and Funding
25 S. Front Street, Mail Stop 309
Columbus, Ohio 43215