



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.

THIS FORM CANNOT BE USED UNTIL YOU CONTACT PROGRAM STAFF - 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:	EdChoice
Ohio Department of Education	Expansion
Attention: Bev Russell	Cleveland
Quality School Choice and Funding	Autism
25 S. Front Street, Mail Stop 309	Jon Peterson
Columbus, Ohio 43215	
OBM-7264	