



# 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) (School):		Claimant's Social Security or Federal Tax Identification Number:	Date of this Request:
Claimant's Address: (Street or Rural Route, City, State, Zip Code):			
Warrant No:	Date Issued:	Amount:	
Original Warrant Payable to (Parent):			
Student Name:			
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 <b>should</b> 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
<b>Ohio Department of Education</b> <b>Office of Nonpublic Educational Options</b> <b>25 S. Front Street, Mail Stop 309</b> <b>Columbus, Ohio 43215</b>	Please Select Program	Expansion
		Cleveland
		Autism
		Jon Peterson
OBM-7264		