

State of Kansas
Department of Administration
Division of Accounts & Reports
AR-95 (Rev. 07-05)

CLAIM FOR WARRANT CANCELED ONE YEAR AFTER DATE OF ISSUANCE

INSTRUCTIONS

1. Read the "Notice to Claimant" section prior to completing the form.
2. Complete the requested information in the "Claimant Information" section of the form.
3. Complete the requested information in the "Claim Information" section of the form.
4. Have the claim statement notarized.
5. Return the completed form to:

Division of Accounts and Reports
Central Services Team
900 SW Jackson, Room 351-S
Topeka, KS 66612-1248

Telephone No. (785) 296-2925

**NOTE: ITEMS 2, 3 AND 4 MUST BE COMPLETED IN ENTIRETY.
(INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.)**

1. NOTICE TO CLAIMANT

Entitlement to claim payment on a canceled warrant expires four years from the date of cancellation (approximately five years after issue date). Any payment shall be in the amount of the original warrant reduced by the lesser of 10% of the original warrant amount or \$30.

The acceptance by the claimant of any payment made pursuant to this claim shall be final and conclusive and shall constitute a complete release of any and all existing and future claims. Said acceptance shall be binding on all heirs, successors, or assigns.

2. CLAIMANT INFORMATION (Please Print or Type) (MUST BE COMPLETED)

Name _____ Tax ID No. (SSN or FEIN) _____

Address _____ Telephone Number (____) _____

3. CLAIM INFORMATION (MUST BE COMPLETED)

Warrant Number _____ Warrant Date _____

Warrant Amount _____ Warrant Type (check if known)

1 - Payroll
 2 - Miscellaneous
 4 - Benefit
 5 - Tax
 6 - Cenpay

(Continued on Reverse Side of Form)

4. CLAIM NOTARIZATION

(MUST BE COMPLETED)

I do solemnly, sincerely, and truly declare and affirm that I have read the preceding claim and know the contents thereof and the same are true and correct; and this I do under the pains and penalties of perjury.

Claimant Signature _____

STATE OF _____)

COUNTY OF _____)

Signed and sworn to (or affirmed) before me on (date) _____

by _____
(Name of Person Making Declaration)

(Notary Public)

(My Appointment Expires: _____)

(Accounts and Reports Use)

Original Warrant Information:

Agency No _____	Fund _____	Amount _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Cancellation: _____

Warrant was previously reissued:

Reissued Warrant Number _____

Reissued Date _____

Amount of Warrant _____

Date Cashed _____