

Manual Revision Memorandum

ISD-MR 17-06

TO: ISD Employees
FROM: Mary Brogdon,  Division Director, Income Support Division
RE: Forms Manual Revision for ASD-045L LIHEAP Affidavit for Duplicate State Warrant
DATE: July 13, 2017

This MR is being sent for the “LIHEAP Affidavit for Duplicate State Warrant” (ASD-045L), which incorporates DFA changes to the Department of Finance Administration (DFA).

Use of the revised form will be in effect immediately.

For LIHEAP only, please do not use the ASD-045.

When completing the ASD-045L, please add the ASPEN case number to the top of the form. Complete the remainder of the form by entering the ASPEN data on the “Party Applying For Duplicate Warrant”, “Warrant Number”, “Name of State Agency”, and “Warrant Amount” fields for the recipient. (Fields are identified on attachment with blue arrows.)

Please leave the “Bank Account”, “Date”, and “Payment Voucher Number” fields blank. (Highlighted below in yellow.)

For minor corrections, simply strike through the error and then clearly write in the corrected information. WHITE OUT CAN NOT BE USED.

DFA requires the original notarized form with original signatures. No copies are allowed.

This form has been posted to the forms drive (:\DITSFASV025\ISDForms)

If you have any questions please contact Sharon Rivera at 505-827-7267 or at Sharonm.Rivera@state.nm.us.



ASPEN Case Number

DEPARTMENT OF FINANCE AND ADMINISTRATION
FINANCIAL CONTROL DIVISION
STATEWIDE, HUMAN RESOURCES, ACCOUNTING AND
MANAGEMENT REPORTING SYSTEM (SHARE)
AFFIDAVIT FOR DUPLICATE STATE WARRANT

As provided in Section 6-10-60 (A), NMSA 1978, (HEAD OF HOUSEHOLD or VENDOR NAME)
(Party Applying for Duplicate Warrant)



being duly sworn according to law, deposes and says that Original Warrant Number (WARRANT NUMBER)



from bank account LEAVE BLANK dated LEAVE BLANK was issued by



ISD/LIHEAP on Payment Voucher Number(s) LEAVE BLANK
(Name of State Agency)



to (HEAD OF HOUSEHOLD or VENDOR NAME) in the amount of \$ (WARRANT AMOUNT)
(Party Applying for Duplicate Warrant)



The affiant further states that he/she never received any benefit from or any value of said warrant or any part thereof; that the original warrant has been lost or was never received; and that he/she did not present this warrant for negotiation or payment. The affiant further agrees that any and all original warrants subsequently found or received will be returned to:

**DEPARTMENT OF FINANCE AND ADMINISTRATION
FINANCIAL CONTROL DIVISION
STATEWIDE, HUMAN RESOURCES, ACCOUNTING AND
MANAGEMENT REPORTING SYSTEM (SHARE)
AFFIDAVIT FOR DUPLICATE STATE WARRANT**

As provided in Section 6-10-60 (A), NMSA 1978, _____
(Party Applying for Duplicate Warrant)

being duly sworn according to law, deposes and says that Original Warrant Number _____

from bank account _____ dated _____

was issued by _____ on Payment Voucher Number(s) _____
(Name of State Agency)

to _____ in the amount of \$ _____
(Party Applying for Duplicate Warrant)

The affiant further states that he/she never received any benefit from or any value of said warrant or any part thereof; that the original warrant has been lost or was never received; and that he/she did not present this warrant for negotiation or payment. The affiant further agrees that any and all original warrants subsequently found or received will be returned to:

New Mexico Department of Finance and Administration/ Financial Control Division,
407 Galisteo Bataan Memorial Building Rm. 166
Santa Fe, New Mexico 87501

(Signature of Party Applying for Duplicate Warrant) (Date)

(Printed Name) (Title)

State of _____

County of _____ <- ss.

On this _____ day of _____, 20____, known to me to be the persons described in and who executed the above and foregoing instrument and acknowledged to me that they executed the same as their free act and deed.

(Notary Public) My commission expires: _____

DO NOT WRITE BELOW THIS LINE (FOR DFA/FCD USE ONLY)

I certify this is a true and exact copy of the original affidavit for duplicate state warrant and the original warrant has not cleared the Treasury of the State and a Stop Payment has been filed with the Treasury.

Stop Pay# _____

Stop Pay Dated _____

(Signature of DFA employee) (Date)