



**NC OFFICE OF THE STATE CONTROLLER**  
**AFFIDAVIT AND INDEMNITY BOND**

**State of North Carolina, County of \_\_\_\_\_.**

\_\_\_\_\_, being first duly sworn, deposes and says that warrants(s) numbered \_\_\_\_\_ for \_\_\_\_\_ dollars, date \_\_\_\_\_, allegedly issued by The Office of the State Controller, an agency of the State of North Carolina and drawn on the State Treasurer, and allegedly made payable to the order of this affiant

\_\_\_\_\_ has/have not been received by this affiant,

\_\_\_\_\_ has /have been received by this affiant but has/have since been stolen or lost,

\_\_\_\_\_ has/have been received by this affiant but has/have since been destroyed,

\_\_\_\_\_ has/have been examined by me and the first endorsement is not mine,

that I did not cash the warrant (s) and have never benefited in any manner from said warrant(s); that this affiant seeks to have the State of North Carolina replace said warrant(s), and in consideration of the issuance of the replacement warrant(s) by the State of North Carolina, I the undersigned, am held and firmly bound unto the State of North Carolina in the sum of \_\_\_\_\_ dollars (an amount equal to the sum of the warrant(s) involved herein), to be paid to the State of North Carolina, to the payment whereof, well and truly to be made, I bind myself and each of my heirs, executors and administrators, firmly by these presents, so that if I, my heirs, executors or administrators, shall at all times save harmless and keep indemnified the State of North Carolina against any claim, demand, loss or expense of any character, and against all loss and damages whatever that shall or may result at any time to the State of North Carolina, or any agency thereof, arising out of and by reason of the issuance to the undersigned of the duplicate warrant(s) in replacement of the warrant(s) hereinabove described, then this obligation to be void and of no effect, otherwise to be and remain in full force and effect.

WITNESS my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Affiant Signature** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Affiant Address** (include Street Name, City, State, and Zip Code)

\_\_\_\_\_

**Affiant Phone Number** \_\_\_\_\_

**Subscribed and sworn to be before me**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ (Seal)

Commission expires: \_\_\_\_\_