WARRANT SPECIAL HANDLING REQUEST

Phone: 651.201.8177
FAX Number: 651.797.1307
Email: syscomp.mmb@state.mn.us

400 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Agency Name/Number _____ Phone Number: _____

☐ **Check if: Subsystem** ID _____

Name: _____ Input Date: _____
Print Name Authorized Signature

Name: _____ Scheduled Date: _____
Print Name Authorized Signature not applicable for MnSCU

Two authorized signatures are required on all Warrant Special Handling Request forms
Exception: Warrants with enclosures.

INSTRUCTIONS:

1. For warrants which must be pulled for special handling, please check the ***"Separate Payment"*** box under the payment option and indicate the "**Handling**"***:***
   - "**PW"** for warrants to be picked up or wire transfers
   - "**WE"** for warrants with enclosures
   - **"Y"** (MnSCU) single warrant/pull warrant
2. Request must be in zip code order beginning with the lowest zip code. Foreign vendors should be listed first.
3. If more than 2 items have the same zip code, please list the vendor ID numbers in ascending order.

Vendor's Zip Code	Vendor ID Number	Vendor's name	Amount

REASON FOR REQUEST:

☐ Attached material must be mailed with warrant. ☐ The department must pick up warrant. Please give reason below.

☐ Mail to a different address. ☐ Wire transfer.

ADDITIONAL INSTRUCTIONS:

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