Number 0802-02.01F Revised: August 7, 2024



Warrant Special Handling Request

Part 1: General Information					
Business Unit:	siness Unit:			Payment Date:	
Agency Name:	Agency Name:			Contact Phone:	
Contact Name:					
Part 2: Payments Requiring Special Handling					
List the payments that require special handling below in supplier number order. If there are more payments than lines provided on this form, please send a Microsoft Excel spreadsheet with the payment information to MMB.					
Supplier Number		Supplier Name		Voucher Number	Voucher Amount
<u> </u>					
Part 3: Reason for Request					
Request Reason				Additional Information	
☐ Mail additional materials with the warrant (warrant enclosures)					
☐ Mail to a different address					
- Provide the address in the adjacent box					
☐ The agency will pick-up the warrantProvide a reason in the adjacent box					
☐ Wire transferSend wire instructions to MMB for processing					
Part 4: Authoriza	ation				
Two authorized signatures are required for all requests except warrant enclosures. Warrant enclosures require one authorized signature. Note: Please download this form for digital signature options.					
Name (Typed):			Name (Typed):		
Signature:			Signature:		

Instructions for Completing the Warrant Special Handling Request Form

Part 1: General Information

Enter the following information about the agency creating the payment:

1. Business Unit: The agency's five character number 2. Agency Name: The agency's name and subdivision name

3. Contact Name: A contact name to answer questions about the payment(s) being made

4. Contact Phone: The contact's phone number

Also enter the following information:

Payment Date: Enter the date that the warrant(s) will be generated

Part 2: Payments Requiring Special Handling

Enter the following information about the payments requiring special handling. List the payments in supplier number order. If there are more payments than lines provided on this form, please send a Microsoft Excel spreadsheet with the payment information to MMB.

1. Supplier Number: Enter the supplier's number found in SWIFT

2. Supplier Name: Enter the supplier's name

3. Voucher Number: Enter the voucher number that will create the payment 4. Voucher Amount: Enter the amount that will be paid to the supplier

Part 3: Reason for Request

Check one of the following items as a reason for the request:

- 1. Mail additional materials with the warrant (warrant enclosures)
- 2. Mail to a different address
- 3. The agency will pick-up the warrant
- 4 Wire transfer

Additional Information Section

- If the warrant is to be mailed to a different address, enter the address in the "Additional Information" section
- If the warrant is to be picked up by the agency, provide a reason in the "Additional Information" section

Wire Transfers

If the payment will be transmitted to the supplier as a wire, also provide a "Wire Transfer Request" form containing additional wire instructions.

Part 4: Authorization

Two authorized signatures are required for all requests except warrant enclosures. Warrant enclosures require only one authorized signature. Provide a typed name with each authorized signature when submitting the request form.

Updating an agency's authorized signature list can be performed by submitting Form 0802-02.02F "Warrant Special Handling Authorized Signatures" to Minnesota Management and Budget.

Completed Forms

Send completed forms to the following:

Minnesota Management & Budget Email: syscomp.mmb@state.mn.us Vendor Payments 658 Cedar Street # 400 St. Paul. MN 55155

Fax: (651) 797-1307