



WARRANT SPECIAL HANDLING REQUEST

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

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

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: