

Lost Check Form

(Please send completed form to Accounts Payable MSC #167)

UP ID #: _____ Name/Vendor: _____

Street address: _____
STREET AND NUMBER CITY STATE ZIP

Email: _____ Phone: _____

Check Information

Department: _____ Issue date: _____ Check amount: _____ Check no.: _____

Purpose of check: Student refund Reimbursement Vendor payment Other

Payee Declaration

I am the lawful Payee of the University of Portland check referred to above.

The check has been: Lost Stolen Destroyed and has not been paid

I furnish this statement in compliance with Oregon Revised Statute 293.475 to obtain, from the University of Portland, a duplicate check for the same amount as the original.

I understand that if the original check is recovered, it must be returned immediately to the Accounts Payable Office.

Signature: _____ Date: _____

Check Delivery

Direct deposit US mail delivery Campus delivery

AP Office Use

Vendor ID: _____ Stop payment date: _____ Reissue date: _____

Posted: Banner Single point Copies (3): AP B R

Authorization

A/P specialist name: _____ Date: _____

Signature: _____
