

Lost Check Form

(Please send completed form to Payroll MSC 164)

UP ID #: _____ Name: _____

Street address: _____ City: _____ State: _____ ZIP code: _____

Email: _____ Phone: _____

Check Information

Issue date: _____ Check amount: _____ Check number: _____

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 Payroll Office.

Signature: _____ Date: _____

Check Delivery

US mail delivery Campus delivery Pick up in Payroll

Office Use

Stop payment date: _____ Reissue date: _____

Posted: Banner Single point

Authorization

Signature: _____ Date: _____