OFFICE OF THE CONTROLLER
ACCOUNTS PAYABLE
5000 North Willamette Boulevard
Portland, Oregon 97203-5798
(503) 943-7171 / Fax: (503) 943-7433
accounts_payable@up.edu

University of Portland

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: