UNIVERSITY OF OREGON Business Affairs Office

Clear Form

Lost Check Form

Please send completed form to Payroll Office
Fax: 541-346-1109
Phone: 541-346-3151

Employee Information

UO ID _____ **Name** _____ (Last) _____ (First) _____ (Middle)

Email _____

Phone _____

Pay Event

Year _____ **Pay Number** _____ **Check Amount** _____ **Check Number** _____

Employee Declaration

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

The check has been ☐ **Lost** ☐ **Destroyed** and has not been paid. *(Please attach any remaining pieces.)*

☐ **Stolen** ☐ **Expired** and has not been paid. *(Please attach original.)*

I furnish this statement in compliance with Oregon Revised Statute 293.475 to obtain, from the Disbursing Officer of the University of Oregon, 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

☐ **Pick Up in Payroll** ☐ **US Mail to employee address currently on file**
(If you need to update your address please contact the Payroll Office)

Payroll Office Use

Authorization *(Payroll Office Use)*

	Name	Signature	Phone	Date
Payroll Officer				