

Affidavit of Forged Endorsement (Please send completed form to Payroll, Thompson's University Center)

Employee Decla	aration:				
First Name	Last N				
First Name	Lastin	ame			
of Street Address					
Circuit Address		being du	uly sworn,		
City		Zip Code			
depose and say, th	nat the endorsement of a certain	UO check No.			
dated	in my favor for \$	issued by the l	Jniversity of C	Oregon	
was not authorized	d or written by me, the affiant, ar	d that such endorsement of said	check is a for	gery. I also	
say that I have no	knowledge of the identity of the	person who executed said endors	ement. I furth	er state that	
no part of the mon	ey so paid by the bank was rece	eived by me, directly or indirectly, a	and that no pa	art of said	
money was applied	d to any use or purpose in my b	ehalf.			
		Signature of Affiant	Signature of Affiant		
Subscribed and sw	vorn to before me on				
Date		Notary Public for the State of Oregon			
(SEAL)		My Commission Expires on			
(Date			
Payroll Office U	se:				
Authorization:				_	
	Name	Signature	Phone	Date	
Payroll Officer					