



Lost Check Statement

(Please mail completed statement to Accounts Payable, Thompson's University Center or email to APBAO@uoregon.edu)

Please use this statement to secure payment for a lost, stolen, expired or destroyed check.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Statement:

I (We) state that I am (we are) the lawful **Payee/Owner** of the original check number _____ of the University of Oregon, dated _____ in the sum of \$ _____

Said check was **Lost, Stolen, Expired, Destroyed** and has not been paid; and that I (We) furnish this statement, to obtain from the Disbursing Officer of the University of Oregon, a duplicate check for the same amount as that of the original.

I (We) understand that if the original check is found, it must be returned immediately to:

University of Oregon,
Accounts Payable
PO Box 3237
Eugene OR 97403-0237

Signature of Payee/Owner or Legal Representative

Title (if legal representative)

Date

UO ID Number (if employee, or student)

*All lost check statements must be signed with a pen or a digital signature that includes authentication of the digital signature.

UO Department Name _____ Phone _____

Business Affairs Approved by _____ Date _____