



Lost Check Statement

(Please send completed statement to Accounts Payable, Thompson University Center)

Purpose:

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

Vendor information:

Name _____

Address _____

City _____ State _____ Zip _____

Statement:

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

in the sum of \$ _____

in payment for **Materials** **Services**, or **Refund** of payment furnished the State of Oregon; that said check was **Lost**, **Stolen**, or **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 Owner or Legal Representative

Title (if legal representative)

Date

UO ID Number (if employee, or student)

UO Department Name _____ **Phone** _____

Business Affairs Approved by _____ **Date** _____