



# 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** \_\_\_\_\_