

EASTERN WASHINGTON UNIVERSITY FOUNDATION

AFFIDAVIT OF LOST OR DESTROYED CHECK

EWU Foundation Office, HAR 102 (MS), 359-6890 (T), 359-4738 (F)

I, _____, am the payee or legal representative of such owner or payee of the Eastern Washington University Foundation's check number ____, dated ____, in the amount of \$_____, and that said instrument has been lost or destroyed and has not been paid.

Furthermore, I understand that a replacement check will not be released to me until this affidavit has been completed and returned by me and until Eastern Washington University Foundation has verified that this check has not been negotiated. As a result of this application for duplicate payment, a stop payment condition will be placed on the lost or destroyed check. If the check should be found, please return it to: Director of Finance, Eastern Washington University Foundation, 102 Hargreaves Hall, Cheney WA 99004.

X _____ (Signature)

Required: Street Address: _____ City: _____ State: _____
Zip: _____

Replacement Check: Please mail ____ Call for pickup, Hargreaves 102, Telephone _____

Approved by Dean or VP: _____ **Please be advised that the Department will be charged \$20 for the stop payment at time of issuance.**

Instructions: the payee or legal representative must affix his or her signature. The affidavit must be forwarded to the Foundation, Hargreaves, 102 for processing of a duplicate instrument, or, if by mail, return it to Eastern Washington University Foundation, 102 Hargreaves Hall, Cheney, WA 99004.

FOR OFFICE USE ONLY BELOW THIS LINE

Stop payment _____ Date _____ By _____

INVOICE VOUCHER

Vendor _____

Approved By _____ Date _____

Replacement Check Number _____

JV Number _____ Date _____ Initials _____