



# Lost Check Form

(Please send completed form to Payroll, Oregon Hall)

## Employee Information

UO ID \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_  
City State Zip Code

Email \_\_\_\_\_

Phone \_\_\_\_\_

## Pay Event

Year \_\_\_\_\_ Pay Number \_\_\_\_\_ Check Amount \_\_\_\_\_ Check Number \_\_\_\_\_

## Employee Declaration

I am the lawful Payee of the University of Oregon check referred to above.

The check has been **Lost** **Stolen** **Destroyed** and has not been paid.

I furnish this statement in compliance with Oregon Revised Statute 293.475 to obtain, from the Disbursing Officer of the University of Oregon, a duplicate check for the same amount as the original.

**I understand that if the original check is recovered, it must be returned immediately to the Payroll Office.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Check Delivery

Pick Up in Payroll      US Mail to employee address above

## Payroll Office Use

## Authorization (Payroll Office Use)

	Name	Signature	Phone	Date
Payroll Officer				