

**OREGON UNIVERSITY SYSTEM
PORTLAND STATE UNIVERSITY**

**STATEMENT FOR SECURING PAYMENT OF A
LOST, STOLEN, OR DESTROYED CHECK**

(I) (We), _____ of _____
(Name of Firm or Individual) (Street Address)

in _____ state that (I am) (we are) the lawful
(City, State, and Zip Code)

(Payee) (Owner) (Legal Representative) of the Oregon State System of Higher Education check referenced below. The check has been (lost) (stolen) (destroyed) and has not been paid.

(I) (We) furnish this statement in compliance with Oregon Revised Statute 293.475 to obtain, from the Disbursing Officer of the Oregon State System of Higher Education, a duplicate check for the same amount as the original.

(I) (We) understand that if the original check is found, IT MUST BE RETURNED IMMEDIATELY to the Human Resources Office, PO Box 751, Portland, OR 97207-0751.

Original Check Number: _____

Type of Check: Payroll

Date of Issue: _____

Amount of Check: _____

Reason Check was Issued: Services

- OPEU
- Faculty/Staff
- Student Employee
- Temporary Classified

(Signature of Payee, Owner, or Legal Representative)

(Date of Claim)

(Title, if Owner or Legal Representative)

Social Security, or Tax Identification, Number

For Office Use Only
Approval Signature
Date

Return this Form to:
Human Resources (HRC)
PO Box 751
Portland, OR 97207-0751
FAX: 503 725-5896