



Seattle University
Office of the Controller
901 – 12th Avenue
Seattle, WA 98122-1090
P: 206.296.5880

AFFIDAVIT OF MISSING OR DESTROYED CHECK

DATE REQUESTED: _____

Check Number:	
Issue Date:	
Amount:	
Payable To:	

ADDRESS: _____

PHONE #: _____

SEATTLE U ID #: (if applicable) _____

I, _____, being first duly sworn upon oath, depose and swear that I am the proper owner, payee or legal representative for the above-described check and state the following:

The above-described check issued by Seattle University,

HAS HAS NOT – been received by me.

The above-described check has been:

LOST MISPLACED DESTROYED

With this affidavit I am requesting that Seattle University place a Stop Payment on the above- described check and reissue a replacement check. I further understand that if the above-described check should come into my possession after the filing of this affidavit I will not present it for payment and return the check to Seattle University at the address noted above.

Signature

REQUESTING DEPARTMENT PLEASE COMPLETE THE FOLLOWING:

REQUESTERS NAME:	
PO#	
VENDOR #	
VOUCHER #	