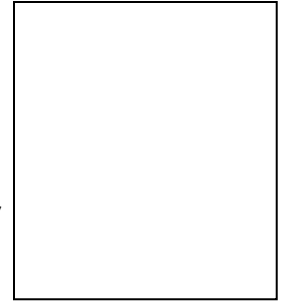


WAYNE STATE UNIVERSITY

Fiscal Operations
5700 Cass Ave, Suite 4602 • Detroit, MI 48202 • (313) 577-7857



Received by Disbursements

AFFIDAVIT CLAIMING:

LOST DESTROYED UNDELIVERED OR STOLEN

CHECK NO. _____, AMOUNT _____, DATE CHECK ISSUED _____

NAME OF PAYEE: _____

BANNER ID: _____ LAST 4 OF SSN: _____

ADDRESS OF PAYEE: _____

I, _____ being duly sworn, depose and say:

That I am the payee named in the check issued by Wayne State University on the above date, and the check has not been assigned, transferred or sent over by me to any person whomsoever, and I am the true and lawful owner of the aforementioned check.

Further, that I have not received directly or indirectly neither the money nor any portion of the money directed to be paid to me by the check.

On the faith of my statements and representations, I request that Wayne State University issue a new check to replace the check previously issued.

Further, I agree that should this Wayne State University check be found or come into my hands, I will promptly deliver or cause the same to be promptly delivered to the Wayne State University Disbursements Department to be cancelled.

Further, if any of the statements contained in this affidavit are false or misleading, I acknowledge the University may request that such an act be prosecuted to the full extent of the laws of the State of Michigan.

(Date of Claim)

(Signature of Claimant)

(Driver's License/ State ID #)

(Print Claimant's Name)

(Contact Phone No.)

(Witness)

NOTE:
IN ORDER TO REISSUE FUNDS A COPY OF YOUR PICTURE ID MUST ACCOMPANY THIS AFFIDAVIT. IF YOU DO NOT FEEL COMFORTABLE PROVIDING THIS DOCUMENTATION, THIS FORM MUST BE NOTARIZED BELOW.

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary of Public)

In and of the County of _____ Michigan

My Commission Expires: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Log No.

