Portland State University
Statement of Securing Payment of a Lost, Stolen, or Destroyed Check

Check Information		
Original Check Number:	_____	
Type of Check:	_____	(Cashiers or Accounts Payable)
Date of Issue:	_____	
Amount of Check:	_____	
Reason Check was Issued:	_____	(Examples: Services, Materials, Deposits)

I, _____
(name of firm or individual)

Of _____
(street address)

_____
(city, state, zip code)

_____
(phone)

state that I am the lawful (payee) (owner) (legal representative) of the Portland State University check referenced 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 Portland State University, a duplicate check for the same amount as the original.

I understand that if the original check is found, it must be returned immediately to:

Portland State University
P.O. Box 951
Portland, OR 97207-0951

_____
(Signature of Payee, Owner, or Legal Representative)

_____
(Date of Claim)

_____
(Title, if Owner or Legal Representative)

_____
(PSU ID or Tax Identification Number)

Mail this form to:

Portland State University
Replacement Check Request
P.O. Box 951
Portland, OR 97207-0951

Phone: (503) 725-4731