



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) 725-8950