



**Western Oregon
UNIVERSITY**

**STATEMENT
For Securing Payment of a Lost, Stolen, or Destroyed Check**

(I) (We), _____ of
(Name – Individual or Firm)

_____ in the City of _____
(Street Address) (City)

in the State of _____, state that (I am) (we are)
(State, Zip)

the lawful _____ of original Western Oregon University
(Payee or Owner)

check number _____ of the State of Oregon, dated _____

in the sum of \$ _____ in payment for

_____ furnished by the State of Oregon;
(Materials, Services, or Deposits)

that said check has been _____ and has not been paid; and
(Lost, Stolen, or Destroyed)

that (I) (we) furnish this statement in compliance with ORS 293.475, to obtain from
Western Oregon University, a duplicate check for the same amount as that of the original.

(I) (We) understand that if the original check is found, it must be returned immediately
to the Western Oregon University Business Office, 345 Monmouth Avenue N., Monmouth,
Oregon 97361.

Signature of Payee, Owner, or Legal Representative

Date

V# of Employee, Student, or Vendor

Business Office Approval