

UNIVERSITY OF CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
Controller's Office - Payroll
1855 Folsom St, Ste 425
Mission Center, Box 0815
San Francisco, CA 94143

DECLARATION OF LOST OR DESTROYED PAYROLL CHECK

Check No: _____

Amount: _____

Dated: _____

I, _____, employee ID No. _____ declare that:

I have been informed that a check drawn by The Regents of The University of California against its account maintained with Wells Fargo Bank, was issued to: _____, as payee.

- 1. I am the legal owner or entitled to possession of said check and said check has been (destroyed)(lost) and the facts of such (destruction) (loss) insofar as known to me are as follows: _____
2. I further agree that for and in consideration of the re-issuance to me of a check in lieu of the check originally issued and subsequently lost or destroyed, I will indemnify and hold harmless The Regents of the University of California against loss, damage, expense or any other liability which may be suffered by said The regents, either directly or indirectly, by reason of the issuance of said duplicate check or by the original instrument still remaining outstanding.
3. I agree that, if a new check is issued to me in lieu of the above listed lost/destroyed check, and if above check hereafter is placed in my possession, I will not negotiate, deposit or cash said check, but forthwith will deliver the same for cancellation to the Controller's Office, University of California, San Francisco, CA 94143-0815.
4. Based upon the foregoing declaration and subject to the foregoing conditions, I hereby request that The Regents issue a new check to me in lieu of the above listed check.

I certify (or declare) under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ Place: _____

Signature of Declarant: _____

Mailing Address of Declarant: _____

- [] Rush
[] Stop Payment - No Reissue
[] Stop Payment - Reissue (Please designate where check should be sent below)
[] Mail to address indicated above
[] Mission Center Building Pickup
[] Direct Deposit