

LOST CHECK CERTIFICATION

Auxiliary Accounting

5500 University Parkway. San Bernardino, CA 92407

Main (909) 537-7213 Fax (909) 537-7175

ASI PHL SUN UEC

Date: _____

Payee: _____

Address: _____

Phone: _____

I hereby certify that the following information is correct.

Check Number: _____ Dated: _____

in the amount of \$ _____

HAS NEVER BEEN RECEIVED BY ME HAS BEEN LOST BY ME

Signature: _____

I request that a replacement check be issued to me and hereby agree that in the event of the original check coming into my possession, I will immediately return it to the Auxiliary Accounting Office.

PEOPLESOFT CHARTFIELD

Account	Fund	Dept	Program	Class	Project	Amount

Auxiliary Use Only

_____ Bank Verification Date _____

_____ Stop Payment Date _____