



ACCOUNTING SERVICES & CONTROLS

SANTA BARBARA, CA 93106-2040

DECLARATION OF LOST OR DESTROYED UNIVERSITY OF CALIFORNIA CHECK

PAYROLL CHECK NON-PAYROLL CHECK

UCSB Student PERM # or Employee ID, if applicable

I, _____, say as follows:

- I have been informed that a check drawn by The Regents of The University of California against its account maintained with Wells Fargo Bank, Check No. _____, dated _____ in the amount of \$_____ was issued to: _____ as payee.
- 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:

- The payee of said check has not negotiated, deposited or cashed it, except as follows:

- 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 Accounting Office, University of California, Santa Barbara, CA 93106-2040.
- 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 Regents, either directly or indirectly, by reason of the issuance of said duplicate check or by the original instrument still remaining outstanding.
- 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 check listed above, which was lost.

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

Executed on (date) _____ **At (place)** _____

Declarant Signature _____

Contact _____

Information – Phone _____ **Email Address** _____

- Stop Payment – No Reissue
- Stop Payment – Reissue (Please designate where check should be sent below)
 - Hold for pickup: call _____ when ready
 - Mail to Campus address: _____
 - Mail to this address: _____
- Other instructions: _____

Department use only—Processed by _____