

Southern Oregon University
Statement of Securing Payment of a Lost, Stolen, or Destroyed Check

Check Information	
Original Check Number:	
Type of Check:	(Student Refund, Payroll or Vendor Payment)
Date of Issue:	
Amount of Check:	
Reason Check was Issued:	(Examples: Services, Payroll, Materials, Refund)

I _____
(name of firm or individual)

of _____
(street address)

(city, state, zip code)

(phone number)

state that I am the lawful (payee) (owner) (legal representative) of the Oregon University System 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 Southern Oregon 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 Southern Oregon University, Bursar's Office, Churchill Hall Office 151, 1250 Siskiyou Blvd, Ashland, Oregon 97520.

(Signature of Payee, Owner, or Legal Representative)

(Date of Claim)

(Title, if Owner or Legal Representative)

(Social Security, Tax Identification Number or Student ID Number)

Please mail this form to:

Southern Oregon University Bursar's Office
Churchill Hall Office 151
1250 Siskiyou Blvd Ashland, OR 97520

Office Use Only
OST Cancel Date: _____
Bursar Staff Initials: _____
Supplier Invoice #: _____
Requestor initials: _____