



**Southern Oregon University**

**Statement of Securing Payment of a Lost, Stolen, or Destroyed Check**

**Check Information**

Original Check Number:

Type of Check: (Student Refund or Vendor Payment)

Date of Issue:

Amount of Check:

Reason check was issued: (Services, Materials, Refund)

I \_ (Name)

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 Building, 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)

Office Use Only
Cancel Date: _____
Name: _____
Idoc no. _____
Purchasing approval

Revised 2/9/04

Mail this form to:

Southern Oregon University Attn: Bursar's Office, Churchill Building, 1250 Siskiyou Blvd. Ashland, OR 97520