## WASHINGTON STATE UNIVERSITY <br> Payroll Services <br> AFFIDAVIT OF LOST OR DESTROYED WARRANT AFTER DELIVERY

Please present this form to a Notary Public. Do not sign the form until instructed to do so. The Notary will fill in the name of the state and county. Return the form to Payroll Services:

Physical location:
236 French Administration Building
FAX: 509.335.1472
Email: payrol|@wsu.edu

Mailing Address: Payroll Services
Washington State University
PO Box 641024
Pullman, WA 99164-1024

If you find your original warrant, please call us for further instructions. Requests received before $4: 00 \mathrm{p} . \mathrm{m}$. will be available for pick up the next business day after 11:00 a.m.


#### Abstract

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COUNTY OF $\qquad$ I, $\qquad$ , having been duly sworn, depose and say that I am the proper owner, payee, or legal representative of such owner or payee, of the above-stated warrant and that said warrant has been lost or destroyed, and to the best of my knowledge has not been paid. If the original warrant is found, I will return the warrant. Further, I agree that should the original warrant be redeemed subsequent to the redemption of the replacement warrant, I will promptly (within 5 days of notification) reimburse WSU the amount of this warrant. I authorize Payroll Services to place a stop payment on this warrant.


Signature of Payee
Phone number: $\qquad$
Email: $\qquad$
$\square$ I will pick up my check in Payroll Services on $\qquad$ 1 1
$\square$ Please mail my check via U.S.P.S. mail to: $\qquad$

Signed and sworn to (or affirmed) before me on this $\qquad$ day of $\qquad$ , by $\qquad$ -

Printed Name:
Notary Public - state of Washington
My appointment expires: $\qquad$
$\qquad$ Date: $\qquad$ Time: $\qquad$

