## WASHINGTON STATE UNIVERSITY

## Payroll Services

## AFFIDAVIT OF LOST OR DESTROYED WARRANT AFTER DELIVERY

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

**Physical location:** 

Mailing Address: Payroll Services

236 French Administration Building <b>FAX:</b> 509.335.1472	Washington State University PO Box 641024 Pullman, WA 99164-1024		
Email: payroll@wsu.edu			
If you find your original warrant, please ca before 4:00 p.m. will be available for pick up			•
ATE OF			9 (M)
COUNTY OF) ss.	AMOUNT:		_ DATED:
I,, having be	een duly sworn, depo	se and say th	at I am the proper owner,
payee, or legal representative of such owner or pay	ee, of the above-sta	ted warrant a	and that said warrant has
been lost or destroyed, and to the best of my knowled	dge has not been pai	d. If the origi	nal warrant is found, I will
return the warrant. Further, I agree that should the or	iginal warrant be rede	emed subsec	quent to the redemption of
the replacement warrant, I will promptly (within 5 days	s of notification) reiml	ourse WSU th	ne amount of this warrant.
I authorize Payroll Services to place a stop payment of			
	Signature of Paye	.0	
	,		
☐ I will pick up my check in Payroll Services on	_//		
Please mail my check via U.S.P.S. mail to:			
	an della	. t	
Signed and sworn to (or affirmed) before me	on this day o	DT	,
by			
	Printed Name: Notary Public - sta	ate of Washin	aton
	My appointment e		gion
	, ,,	'	
THIS SECTION TO BE COMPL	ETED BY PAYROLL SI	ERVICES ONL	Y
Received by:	Date:		Time: