

OHSU

STATEMENT

For securing payment of a lost, stolen or destroyed check
(PLEASE PRINT)

I, (NAME) _____

Of (STREET ADDRESS) _____,

In the City of _____ In the State of (State, Zip) _____

declare that I am lawful owner of the original OHSU payroll check number _____

dated _____ in the sum of \$ _____, and that said check has

been (LOST / STOLEN / DESTROYED) and has not been paid; and that I furnish this

statement in compliance with ORS 293.475, to obtain from the Payroll Office at, Oregon

Health & Science University, a duplicate check for the same amount as that of the original.

Return this form to OHSU Payroll Office, 2525 SW 1st AVE, #201, Portland, OR 97201.

**I UNDERSTAND THAT IF THE ORIGINAL CHECK IS FOUND, I MUST CONTACT THE
PAYROLL OFFICE IMMEDIATELY AT 503-494-8103. I MUST ALSO RETURN THE
CHECK IMMEDIATELY TO THE CASHIERS OFFICE AT: 3181 SW SAM JACKSON
PARK RD, L002 PORTLAND, OR 97201.**

(Signature of Owner)

(Emp ID #)

(Phone #)

Void/Reissue Entered By

Date

PAYROLL OFFICE USE ONLY

PAY PERIOD # & YEAR

ADJ CHECK OR ORIGINAL

PREVIOUS MICR #

E-MAIL TO CFS

MAIL CHECK OR CASHIER