CAL STATE SAN BERNARDINO
University Enterprises Corporation

LOST CHECK CERTIFICATION

Name: _____ Department: _____

Address: _____

City, State, Zip:_____ Phone: _____

I certify that a **payroll check** # _____ was issued to me by UEC at CSUSB in the

amount of $_____for payroll paid on _____.

Please check the following:

      I never received the check   [___]

      I lost the check   [___]

I request that a new check be issued to me for this amount. I agree that in the event of the
original check coming into my possession, I will immediately return it to UEC for cancellation.

      Mail check   [___]

      Hold check for pick-up [___]

_____   _____

Signature   Date

UEC USE ONLY:

_____ Bank verification done on ___/___/___

_____ Stop Payment issued on ___/___/___

_____ Replacement check issued # _____ on ___/___/___

(07/2011)