



*The Foundation for
California State University, San Bernardino*

LOST CHECK CERTIFICATION

Name: _____ Department: _____

Address: _____

City, State, Zip: _____ Phone: _____

I certify that a **payroll check** # _____ was issued to me by the Foundation for CSU San Bernardino in the amount of \$ _____ 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 the Foundation for cancellation.

Signature

Date

FOUNDATION USE ONLY:

_____ Bank verification done on ___/___/___

_____ Stop Payment issued on ___/___/___

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