

# UNIVERSITY OF CALIFORNIA, DAVIS

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SANTA BARBARA • SANTA CRUZ

ACCOUNTING AND FINANCIAL SERVICES  
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DAVIS, CALIFORNIA 95616-8504  
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## DECLARATION OF LOST OR DESTROYED UNIVERSITY OF CALIFORNIA, DAVIS – CHECK

Check No: \_\_\_\_\_

Amount: \_\_\_\_\_

Dated: \_\_\_\_\_

I, \_\_\_\_\_, Employee ID # \_\_\_\_\_ declare that:

1. I have been informed that a check drawn by The Regents of The University of California against its account maintained with Wells Fargo Bank – Davis office, Check No. \_\_\_\_\_, dated \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ was issued to: \_\_\_\_\_
2. I am the legal owner or entitled to possession of said check and said check has been (destroyed) (lost) and the facts of such (destruction) (loss) insofar as known to me are as follows: \_\_\_\_\_  
\_\_\_\_\_
3. The UCDMC Payroll Office has reissued a Check No. \_\_\_\_\_ for \$ \_\_\_\_\_ to cover the loss of this check.
4. The payee of said check has not negotiated, deposited or cashed it, except as follows: \_\_\_\_\_  
\_\_\_\_\_
5. I agree that, if a new check is issued to me in lieu of Check No. \_\_\_\_\_, which has been lost, and if said check hereafter is placed in my possession, I will not negotiate, deposit or cash said check, but forthwith will deliver the same for cancellation to the Accounting Office, University of California, Davis, California 95616.
6. I further agree that for and in consideration of the re-issuance to me of a check in lieu of the check originally issued and subsequently lost or destroyed, I will indemnify and hold harmless The Regents of The University of California against loss, damage, expense or any other liability which may be suffered by said The Regents, either directly or indirectly, by reason of the issuance of said duplicate check or by the original instrument still remaining outstanding.
7. Based upon the foregoing declaration and subject to the foregoing conditions, I hereby request that The Regents issue a new check to me in lieu of Check No. \_\_\_\_\_.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Signature of Declarant: \_\_\_\_\_

- ☐ Rush  
☐ Stop Payment – No Reissue  
☐ Stop Payment – Reissue (Please designate where check should be sent below)

☐ Payroll Pick-Up

☐ Mail to address: \_\_\_\_\_

☐ Mail to campus department: \_\_\_\_\_

☐ Other: \_\_\_\_\_