

1. Enter your information on this online form.
2. Print and sign it.
3. Mail it to the Payroll Office given at the bottom of the form.



# Affidavit of Loss or Theft of Check

## Affidavit

\_\_\_\_\_ County, State of Illinois

I, \_\_\_\_\_ UID \_\_\_\_\_, being duly sworn, on oath, depose and say:  
First Name Last name

I am the payee named in this check drawn against Illinois State University:

Check #: \_\_\_\_\_

UID: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

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

By signing below, I hereby certify that neither I, nor anyone authorized by me, have received any of the proceeds of this check. I have not knowingly held this check. I have not received a replacement check or any other type of reimbursement since the date of the check given above.

I endorsed this check before its loss or theft.

I did **not** endorse this check before its loss or theft.

I can be contacted at the following phone number: \_\_\_\_\_

Signature \_\_\_\_\_

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

**Please allow 5 business days to process your request.**

## Submit this form to the Payroll Office

Illinois State University  
Payroll Office  
Campus Box 0580  
Suite E, Uptown Crossing  
Normal, IL 61761-0580

Telephone (309) 438-7677

Fax: (309) 438-3357

For Payroll Department use only:

Date request received: \_\_\_\_\_ By: \_\_\_\_\_

Received by Employee: \_\_\_\_\_ Date of Pick-up: \_\_\_\_\_  
(employee signature)