## CONTRA COSTA COMMUNITY COLLEGE DISTRICT AFFIDAVIT OF LOST OR DESTROYED CHECK

Name:		ID#		city of:
	, county of		, State of California,	
residing at	,,,	city	state	 zip code
	auuress	City	State	zip code
declare that I am the o	wner and holder of that	t certain Check, dated	l:	
Check #	, drawn by the C	ounty Auditor-Control	ler of the Co	ounty of Contra Costa
on 5860 Fund of said C	ounty, in favor of:			, payee thereof, in
he amount of \$	The said C	Check was: Lost	Destroyed_	Stolen
pefore the same was pa	aid to me; That I have r	eceived no benefit or	value from t	he proceeds of said
Check and no part there	eof was applied to any ι	use in my behalf.		
☐ I did no	ot endorse the Check.			
☐ I endor	sed the Check as follow	vs:		
That the material facts	s relative thereof are as	follows:		
Further, I agree t	to immediately return to	Contra Costa Comm	unity College	e District, Payroll Dep
uncashed the sa	id Check if it comes into	o my possession.		
I DECLARE UNDER PL	ENALTY OF PERJURY T	THAT THE FOREGOING	G IS TRUE A	ND CORRECT
	Signature		Date	
LEGAL REFERENCES.	Section 42550 of the Ed Section 29850-2 of the Section 2015.5 of the co	Government Code		
Stop Pay Called on:		Caller:		
New Check Issue Date:		Check Number:		
Processed by:				