



Community Colleges of Spokane AFFIDAVIT OF LOST OR DESTROYED CHECK

STATE OF WASHINGTON

COUNTY OF _____

CHECK NO. _____ FUND _____

I, _____, have been duly sworn, depose and say that I am the property owner, payee, or legal representative of such owner or payee of the Washington State Community College District 17's check No. _____ dated _____, in the amount of _____ dollars, and that said check has been lost, destroyed, or not delivered to me, and to the best of my knowledge has not been paid. If I do locate the check, I agree to return it to Community Colleges of Spokane immediately and agree to be responsible for any costs incurred by Community Colleges of Spokane by my failure to do so.

Signature _____

Witnesses if signed by "X":

Name

Name

Address

Address

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____

I certify that I know or have satisfactory evidence that (*name of person*) _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Notary Public in and for the State of Washington (Signed)

Notary Public in and for the State of Washington (Print)

My commission expiration date