



**OREGON STATEWIDE  
PAYROLL SERVICES  
(OSPS)**

(503) 378-3518 fax

E-mail:

[OSPS.Help@oregon.gov](mailto:OSPS.Help@oregon.gov)

Online Resource Center:

<http://go.usa.gov/bEJk>

**INSTRUCTIONS TO:  
EMPLOYEES / VENDORS**

Complete this form online  
at <http://go.usa.gov/BVNG>

1. Print and give to your agency payroll office.

**INSTRUCTIONS TO  
PAYROLL OFFICES:**

1. Verify all required fields are complete.
2. Ensure your agency number appears on the form.
3. Sign and date where indicated.
4. \*Fax completed form to OSPS.

**\* TO STOP PAY – Agency will determine when the stop payment process is appropriate, as it is liable for the lost check amount if redeemed later. To place a stop pay, fax a completed C-27 Stop Payment Request form to OSPS.**

**OSPS Use Only**  
Received Date Stamp

# LOST CHECK REPLACEMENT FORM

## About Me

Name of Person Completing this Claim Form (Claimant)			
Mailing Address (for Claimant Named Above)	City	State	ZIP Code

## About the Original Check

Name on Check (Payee) Employee OR#	Check No.	Check Date	Check Amt
<b>Status of Original Check</b> <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	<b>Reason for Original Check</b> <input type="checkbox"/> Wages <input type="checkbox"/> Other (specify): _____		

## About the Claim Relationship

- I am the payee (my name is on the check)       I am the legal representative of the payee  
 I am the lawful owner or legal representative thereof (my agency funded the check)

## About the Replacement Check

Replacement checks will be *made out to the original payee* unless otherwise specified in this section.

NOTE: You must supply satisfactory documentation of your claim on these funds in order to have the replacement check made payable to other than the original payee.

<b>Name on Replacement Check</b> <input type="checkbox"/> Original Payee <input type="checkbox"/> Agency (as identified in "Guarantee" section) <input type="checkbox"/> _____	<b>Claim Documentation</b> <input type="checkbox"/> Replaced with Agency Ck # _____ <input type="checkbox"/> Proof of Ownership (determined and retained by Agency)
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## Statement of Claimant

I declare under penalties of perjury all of the following:

1. That the information listed in the "About Me" section is true and accurate;
2. That the relationship claimed in the "About the Claim Relationship" section represents my legal standing;
3. That the original instrument was a check furnished by the State of Oregon Payroll System having the details listed in the "About the Original Check" section;
4. That the status of the original check is Destroyed, Lost or Stolen as indicated in the "About the Original Check" section;
5. That if the original check being reported as destroyed, lost or stolen is located later, it will be immediately returned to OSPS, State of Oregon for cancellation. Under no circumstances will the original check be presented for payment.
6. That I furnish this statement in compliance with ORS 293.475 to obtain from the Department of Administrative Services of the State of Oregon a duplicate instrument in lieu of the original for the same amount as the original;
7. That if the original check is cashed; I will examine the signature of the endorser. If I believe that it is not mine, I will put my belief in writing. If the State of Oregon must defend a legal action for payment of the original check, I will appear as a witness. A court can order the State of Oregon to pay for the original check. If this happens, the State of Oregon may ask me to pay back the value of the replacement check.

I understand that providing false information in this statement may lead to prosecution and penalties as prescribed by law.

\_\_\_\_\_ Date \_\_\_\_\_  
**Claimant Signature** **Date**

## Agency Guarantee (Required)

The \_\_\_\_\_  
**Agency No.**      **Agency Name**  
 will guarantee repayment of the amount of the original check in the event the payee / claimant negotiates both the original and replacement checks. Agency retains satisfactory proof of ownership.

\_\_\_\_\_ Date \_\_\_\_\_  
**Agency Signatory** **Date**

For OSPS Use Only	
Redeemed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement Check # _____
Pay Period _____ Set _____	P320 done <input type="checkbox"/> R <input type="checkbox"/> D _____