

**UC Hastings College of the Law
Office of Fiscal Services
200 McAllister Street
San Francisco, CA 94102-4978**

REQUEST FOR CHECK REPLACEMENT

I, _____ declare that:
(Please print full name)

1. I have lost/destroyed/failed to cash or deposit a check drawn by the University of California, Hastings College of the Law, against its account maintained with Union Bank/Wells Fargo:
Check # _____ dated _____ in the amount of \$ _____ issued to me as payee. (Indicate if) Check attached ____yes ____no
2. I am the legal owner or entitled to possession of said check and said check has been destroyed or lost and the facts of such destruction or loss insofar as known to me are as follows:

_____.
3. I agree that if the lost or destroyed check hereafter is placed in my possession, I will not negotiate, deposit or cash said check, but forthwith will deliver same for cancellation to the Office of Fiscal Services, Hastings College of the Law, 198 McAllister Street, Rm 111, San Francisco, CA 94102.
4. I further agree that, for and in consideration of the re-issuance to me of a check to substitute for the check originally issued and subsequently lost or destroyed, I will indemnify and hold harmless the University of California, Hastings College of the Law, against any loss, damage, expense or any other liability which may be suffered by Hastings College of the Law, either directly or indirectly, as a result of the issuance of a replacement check or by the original check still remaining outstanding.
5. Based upon the foregoing declaration, subject to the foregoing conditions and a replacement fee of \$25.00, I hereby request that Hastings College of the Law issue a new check to me.
6. (Select option) Replacement fee attached: _____ Deduct fee from replacement check _____

Date: _____ Signature of Declarant: _____

Address of Declarant: _____

Phone: _____ E-mail address: _____

7. Replacement Check Distribution: _____ Mail _____ Pick Up in Fiscal Services

Office Use Only:	Reissue Check: _____ YES _____ NO
Stop Payment Confirmation #: _____	Stop Payment Placed By/Date: _____
Check Voided in Colleague By: _____	on (Date) _____
Bank Code: _____	Voucher To Be Voided: Yes _____ No _____

White: Fiscal Services-SRA Yellow: Disbursements Pink: Payee