

AFFIDAVIT OF LOSS

As the designated payee on a University of Maine check, the undersigned was entitled to receive the check described below. The check has been lost, stolen, or destroyed, and has not been endorsed by the undersigned.

DATE:	AMOUNT:	DESCRIPTION:
_____	_____	_____

REASON FOR REQUESTING A STOP PAYMENT BE PLACED:

Date: _____ Signed: _____

MaineStreet ID # _____ Printed name: _____

If this is signed by more than one person, it shall be jointly and severally binding on each.

Staff Initials _____