

**STOPNUMBER:**

**CLAIM OF LOST CHECK**

**STATE OF NEW YORK  
COUNTY OF NEW YORK**

I, \_\_\_\_\_, and reside at \_\_\_\_\_  
\_\_\_\_\_, being duly sworn, depose and say:

I did not receive check number \_\_\_\_\_ for \_\_\_\_\_ dated \_\_\_\_\_ to my order

Describe Circumstances of Loss in Detail  
(Attach additional pages if necessary)

\_\_\_\_\_

I have not sold, assigned or transferred said check, or amount due thereon, to any person or party whatsoever, I have not received cash or other for said check and am still the sole owner of and entitled to receive the full amount thereof.

I make this affidavit to induce the issuance to me of a duplicate check to take the place of, and in the same amount as, the missing one; should said missing check, at any time, come into my hands, I will immediately deliver it to the Assistant Executive Director, Payroll Operations Office of Payroll Administration.

**Sworn to be before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Signature**



**Notary Stamp**

\_\_\_\_\_  
Employee Signature

**Approved:**

\_\_\_\_\_  
Supervisor Stop Payment Unit

**Approved-Issue Duplicate Check**

\_\_\_\_\_  
Assistant Executive Director, Payroll Operations Bureau