



SPECIAL SCHOOL DISTRICT NO. 1
MINNEAPOLIS PUBLIC SCHOOLS
1250 WEST BROADWAY AVENUE
MINNEAPOLIS, MINNESOTA 55411

LOST OR DESTROYED CHECK AFFIDAVIT

(Minnesota Statutes, Section 471.415)

Name of Payee (Claimant)

Address

City

State

Zip

TYPE OF CHECK: **PAYROLL** **ACCOUNTS PAYABLE**

HEREBY DEPOSES AND STATES that Special School District No. 1's Check No. _____

Dated _____, 20____, in the amount of \$_____

(was) (was not) received by claimant, and that * _____

*Claimant describes in detail reason/s for requesting that a duplicate check be issued. Include date of disappearance, probable location or address where check disappeared, and cause of disappearance or destruction.

This affidavit is made for the purpose of securing the issuance of a duplicate check to the claimant in the amount stated above. If the original check ever comes into claimant's possession, said check will be returned promptly to the Deputy Treasurer, Special School District No. 1, 1250 W Broadway, Minneapolis, MN 55411. Presenting the original check for payment, unless so authorized by Special School District No.1, will be immediate authorization to initiate legal action to recover from the claimant legal costs and the amount of the original check.

Claimant further states that claimant will reimburse Special School District No. 1 for any loss which it may sustain by reason of any false statement, fault, or action on claimant's part concerning the duplicate or original check.

Date _____

Signed _____