

In the event that a payroll check would become lost, please fill in the below form and present to Payroll in the Office of the Controller.

For questions, please contact payroll@fit.edu

Date _____

I, _____, being duly sworn according to law and deposes and says that

Check # _____ dated _____ payable to the order of _____

in the sum of \$ _____ is not now in his/her possession. Said affiant states that, as of this date, he/she has no knowledge of the whereabouts of said instrument.

The affiant further states that he/she never received any benefit from any value of said instrument, and further states that he/she did not present said instrument for negotiation or payment.

FIT ID# _____

Signature _____

Print Name _____

Address _____

Email _____

Phone # _____