## STATE AGENCY TRUST CHECK REPLACEMENT APPLICATION

(Executed WITHIN the State of California)

STD.	805A	(REV.	9/2001

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DEFICK NUMBER  ACCOUNT NUMBER	PAYEE NAME	PAYEE NAME						
APPLICATION MAILED TO  RETURN APPLICATION TO  AGRICA YAME California State University, San Bernardino ADDESS  Acts: General Accounting 5500 University Parkway San Bernardino CA 92407-2397  CERTIFICATION  NAME  ACCOUNTING  CERTIFICATION  CERTIFICATION  CERTIFICATION  That the check described above was lost or destroyed on or about under the following circumstances:  That declarant is the owner or custodian of said check, has not cashed or transferred same, and is entitled to possession thereof; or the corporation, partnership or governmental agency in whose behalf declarant makes this application, is the owner or custodian)  That affiant is an officer, to wit That affiant is an officer, to wit The corporation, and is authorized to make this application and enter into the indemnity agreement provided herein on behalf of said corporation.  Application is made to the issuing state agency to issue a replacement check in lieu of said original check, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State, its officers and employees, from any loss resulting from the issuance of said replacement check. (This indemnity agreement is not applicable if the payce of the lost or destroyed check is any governmental agency or officer thereof.)  I certify for declare) under penalty of perjury that the foregoing is true and correct.  SIGNATURE  TILE (#Esprage for corporation, partnership, or government agency)  [Class]  [Class				\$				
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