## STATE OF CALIFORNIA

## STATE AGENCY TRUST CHECK REPLACEMENT APPLICATION

(Executed WITHIN the State of California)

## STD. 805A (REV. 9/2001)

CHECK I	DENTIFICATION				
PAYEE NAM		CHECK AMOUNT		CHECK DATE	
DRAWN BY Cal Sta	(Agency) ate University, San Bernardino	REFUND CHECK NUM	/BER	STUDENT ID NUMBER	
APPLICA	ATION MAILED TO		RETURN APPLICATION TO		
			AGENCY NAME California State University	, San Bernardino	
			ADDRESS		
			Attn: General Accounting 5500 University Parkway		
			San Bernardino CA 92407	-2397	
		CERTIFICATION			
NAME					
ADDRESS					
	I, the person named above, certify or declare:				
	That the check described above was lost or dest	royed on or about	<u> </u>	,	
	under the following circumstances:				
	-				
	That deployent is the surger or sustadion of said shack has not eached or transformed some and is antitled to				
	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, has not cashed or transferred same, and is entitled to possession thereof,				
	(If a corporation is owner or custodian) That affiant is an officer, to wit				
	TITLE CORPORATION NAME				
	of				
	a corporation, and is authorized to make this ap behalf of said corporation.	pplication and enter into the	e indemnity agreement provided	herein on	
	Application is made to the issuing state agence declarant, or partnership or corporation in whose its officers and employees, from any loss result agreement is not applicable if the payee of the thereof.)	e behalf he applies, agrees lting from the issuance of	to indemnify and hold harmless said replacement check. (This	the State, indemnity	

I certify (or declare) under penalty of perjury that	DECLARANT		
the foregoing is true and correct.	SIGNATURE		
(Date) , , , , , , , , , , , , , , , , , , ,	TITLE (If signing for corporation, partnership, or government agency)	-	
at, California.	FOR (Name of corporation, partnership, or government agency, if applicable)		