STATE AGENCY TRUST CHECK REPLACEMENT APPLICATION

*(Executed **WITHIN** the State of California)*

STD. 805A (REV. 9/2001)

CHECK IDENTIFICATION

PAYEE NAME	CHECK AMOUNT $	CHECK DATE
DRAWN BY *(Agency)* Cal State University, San Bernardino	CHECK NUMBER	ACCOUNT NUMBER

APPLICATION 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 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, 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 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 payee of the lost or destroyed check is any governmental agency or officer thereof.)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

_____ , _____ ,
(Date)

at _____ , **California**.
(City)

DECLARANT		
SIGNATURE		
TITLE *(If signing for corporation, partnership, or government agency)*		
FOR *(Name of corporation, partnership, or government agency, if applicable)*		