

1. Enter your information on this online form.
2. Sign it.
3. Mail it to your campus Payroll & Benefits Services Office given at the bottom of the form.

Affidavit of Loss or Theft of Check

County, State of Illinois

I, _____, UIN _____, being duly sworn, on oath, depose and say:
First Name Last name

I am the payee named in this check drawn against the University of Illinois:

Check #:

Pay ID (MN or BW):

Pay #:

Check Amount: \$

Check Date:

By signing below, I hereby certify that neither I, nor anyone authorized by me, have received any of the proceeds of this check. I have not knowingly held this check. I have not received a replacement check or any other type of reimbursement since the date of the check given above.

I endorsed this check before its loss or theft.

I did **not** endorse this check before its loss or theft.

I can be contacted at the following phone number:

Signature _____

University Payroll & Benefits 312-996-7200, 217-265-6363 or 217-206-7144

Submit this form to your local Payroll & Benefits Services Office

Chicago

University of Illinois at Chicago
Payroll & Benefits Services
809 South Marshfield
Avenue MAB, Room 110, M/
C 547
Chicago, IL 60612
Fax: (312) 996-1932

Springfield

University of Illinois at Springfield
Payroll & Benefits Services
One University Plaza, BSB 85
Springfield, IL 62703-5407
Fax: (217) 206-7144

Urbana-Champaign

University of Illinois at Urbana-Champaign
Payroll & Benefits Services
506 South Wright Street
HAB, Room 100A North, M/C 318
Urbana, IL 61801
Fax: (217) 244-1908

For Payroll Department use only:

Received _____ by _____ for Pay Event _____
Date Staff