

AFFIDAVIT Re: Lost Check

I certify that a State of Connecticut check # _____ dated _____
in the amount of \$ _____ has been lost or destroyed and will not be
presented for payment by me:

SIGNED _____

STATE OF _____

COUNTY OF _____ SS _____

On this _____ day of _____, 2011

before me personally appeared _____

who acknowledged and swore to the truth of the above statement.

Notary Public

RETURN, properly executed, to:

Treasurer, State of Connecticut
Reconcilement Department
55 Elm Street
Hartford, Conn. 06106

PAYROLL CLERK

Please complete if above is for Payroll Check:

Employee Name _____

Employee Number _____ Agency Number HY

Agency Name CSU84500 Section Number _____

Payroll Period: From _____ To _____