



CERTIFICATION

For Checks Lost, Destroyed, Stolen, or Not Received

TEXAS WOMAN'S
UNIVERSITY™

Office of the Controller • Accounts Payable

SECTION A: To be completed by the owner of the check	SECTION B: To be completed by Bursar/Controller's Office		
Owner Name	Voucher No.		Voucher Date
Address	Check No.	Check Amount	Check Date
City, State, Zip	Preferred Disbursement Method Below:		
Phone No./E-mail Address	<input type="checkbox"/> Mail <input type="checkbox"/> Deliver to Bursar's Office		

CERTIFICATION

I certify I am the true owner, or the authorized representative for the owner, of the check described above and that the information I furnish on this form is true and correct to the best of my knowledge and belief. I understand that I may be guilty of a criminal offense by falsifying this certificate in order to obtain money to which I am not entitled.

I certify the check described above was: lost, destroyed, stolen, or not received.

I understand that a stop payment and cancellation will take place on this check upon receipt of this certification by Texas Woman's University. If I receive this check after completing this certification, I will immediately return the check to the Texas Woman's University at the address shown below.

SIGN
HERE _____

PRINT
NAME _____

DATE _____

RETURN CERTIFICATION FORM TO:

Texas Woman's University
Office of the Controller
P O BOX 425439
Denton, TX 76204-5439

OR

Email to Jmiller@twu.edu or TWUPayables@twu.edu

FOR QUESTIONS CALL 940-898-3532