



AFFIDAVIT OF LOST/DESTROYED OR FORGED ENDORSEMENT CHECK

SQUAXIN ISLAND TRIBE) _____
10 SE SQUAXIN LANE) _____
SHELTON, WA 98584) _____

LOST OR DESTROYED CHECK:

I, _____, having been duly sworn, depose and say that I am the proper owner, payee, or legal representative of such owner or payee of the SQUAXIN ISLAND TRIBE Check No. _____ dated _____, in the amount of _____ dollars and that said check has been lost, destroyed, or not delivered to me, and to the best of my knowledge has not been paid nor replaced.

FORGED ENDORSEMENT CHECK:

I, _____, being the rightful owner of the SQUAXIN ISLAND TRIBE Check No. _____ dated _____ 20____, in the amount of _____ dollars, do hereby certify that my name as signed on the back of the said check is a forgery, and that I have not received nor endorsed the said check: neither have I been benefited in any way from the proceeds there from.

(Signature)

NOTARY:

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____.

Notary Public in and for the State of Washington
Residing at _____

ACCOUNTING USE ONLY

CHECK CANCELLATION AUTHORIZATION

BANK	ISSUED DATE	FISCAL YEAR	CHECK NO.	AMOUNT
FUND/SOURCE	DEPT. CODE	PROGRAM CODE	GLA CODE	SESSION ID

REPLACEMENT CHECK

BANK	CHECK NO.	DATE	SESSION ID

AUTHORIZED BY

NAME (Print)	SIGNATURE	TITLE	DATE

PLEASE RETURN ORIGINAL COMPLETED FORM WITHIN 10 DAYS UPON RECEIPT TO:
SQUAXIN ISLAND TRIBE 10 SE SQUAXIN LANE, SHELTON, WA 98584