

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 CONNECTICUT

COUNTY OF FAIRFIELD SS: City of Danbury

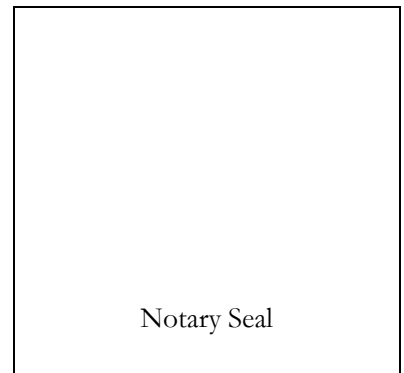
On this _____ day of _____, _____ before me personally appeared _____ who acknowledged and swore to the truth of the above statement.

Notary Public

My Commission Expires _____

RETURN, properly executed, to:

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



PAYROLL CLERK

Please complete if above is for Payroll Check:

Employee Name _____

Employee Number _____ Agency Number HY

Agency Name BOR84500 Section Number _____

Payroll Period: From _____ To _____