NC STATE UNIVERSITY PAYROLL OFFICE **INV-19**
AFFIDAVIT AND INDEMNITY BOND

STATE OF _____) COUNTY OF _____)

1,_____, being first duly sworn, deposes and says
That check(s) numbered_____ for _____ dollars, dated _____, allegedly issued by North Carolina State University, an agency of the State of North Carolina and drawn on Wachovia Bank, and allegedly made payable to the order of this affiant

_____ has/have not been received by this affiant,
_____ has/have been received by this affiant but has/have since been stolen or lost,
_____ has/have been received by this affiant, but has/have since been destroyed,
_____ has/have been examined by me and the first endorsement is not mine,

that I did not cash or endorse the check(s) and have never benefited in any manner from said check(s); that this affiant seeks to have North Carolina State University replace said check(s) and,

In Consideration of the issuance of the replacement check(s) by North Carolina State University, I the undersigned, am held and firmly bound unto North Carolina State University in the sum of _____ dollars (an amount equal to the sum of the check(s) involved herein), to be paid to North Carolina State University, to the payment whereof, well and truly to be made, I bind myself and each of my heirs, executors and administrators, firmly by these presents, so that if 1, my heirs, executors or administrators, shall at all time save harmless and keep indemnified North Carolina State University against any claim, demand, loss or expense of any character, and against all loss and damages whatever that shall or may result at any time to North Carolina State University, arising out of and by reason of the issuance to the undersigned of the check(s) in replacement of the check(s) herein above described, then this obligation to be void and of no effect, otherwise to be and remain in full force and effect.

WITNESS my hand and seal, this the _____day of _____520_____

_____ _____ (SEAL)
Social Security Number Affiant

Subscribed and sworn before me, this the _____day of _____,20_____

_____
Notary Public

My commission expires _____

FOR PAYROLL OFFICE USE

REPLACEMENT CHECK # _____ DATE _____

CHECK DISPOSITION: _____

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