## **AFFIDAVIT AND INDEMNITY BOND**

I <u>,</u>	nitial, Last Name	_, at			
					Zip
Phone Phone	g first duly sworn, de	epose and sa	ry that check/warr	rant(s) numbered	d
for \$d	lollars dated	allege	edly issued by The	e University of N	North Carolina at
Greensboro, an agency of		_		-	
payable to the order of t		Curonna un	a dia wii on the sta	110454101, 411	a unegotif made
has/have been receive has/have been examin	eived by me, d by me, was endorsed d by me, was not endo led by me, and the first endorse the check on n	rsed by me, a endorsemen	and has/have since b	een destroyed, st	olen or lost
that I did not cash the chwarrant(s), that I seek to					
In consideration of the I the undersigned, am h dollars (an amount equal North Carolina, to the particular and administration of the all time save har loss or expense of any chard the State of North Caroli undersigned of the dupled described.  WITNESS my hand and	eld firmly bound until of the sum of the ayment whereof, well ators, firmly by these mless and keep inder taracter, and against and or any agency the icate check/warrant(	to the State check/warrall and truly e presents, s mnified the all loss and nereof, arisi (s) in replace	of North Carolina ant(s) involved he made, I bind myse o that if I, my heir State of North Cardamages whateveng out of and by ement of the check	in the sum of \$ crein), to be paidelf and each of nors, executors or colina against any r that may result reason of the is k/warrant(s) her	d to the State of ny heirs, administrators, y claim, demand at any time to ssuance to the einabove
WITNESS my hand and	sear, this the	uay	01		
				(SEAL)	
University ID#		Signature	of Affiant		
The statute of limitation for	or endorsement forgeri	es is three ye	ears. (G.S. 25-4-11)	1).	
<ul><li>Submission by e-mai</li><li>Submission by physi</li><li>be returned if not not</li></ul>	cal copy, mail, non-U				These will
STATE OF NORTH CARO					
Subscribed and sworn to b					
This the day	day of	,	·		
		<b>(C</b> )	TAI)		
Notary Public		(31	eal)		
My commission expires:					
Please fill out and return to:	Email: Acctpay@ur The University of Nor Office of the Controlle P.O. Box 26170 Greensboro, NC 2740	rth Carolina at er			
AP USE ONLY:	Re-establish Check	or Ca	ncel Check		