



Affidavit

ROUTING
UAR, MSC 4570
uar@nmsu.edu
Phone 646-4911
Fax 646-7773

STATE OF NEW MEXICO

COUNTY OF _____

I, _____, whose Aggie ID is _____ and whose present address is _____ being first duly sworn, disposes and says that he/she requests a duplicate warrant be issued to him/her to replace check # _____ dated _____ in the amount of \$_____. That said check has been lost, stolen or destroyed. That he/she hereby promises to hold New Mexico State University harmless if any loss occurs through the issuance to him/her of the duplicated check. That he/she will repay to New Mexico State University any sum which may be paid by New Mexico State University on the account of said check.

Signature of Student

Sworn and subscribed before me this _____ day of _____, 20____ at _____.

Notary Public

Commission Expires: _____

INTERNAL DEPARTMENT USE ONLY: Initial and Date Each Entry	Check Cashed Y or N If Y, enter date	If N, Date Stop Payment Placed