

A. TEICHERT & SON, INC.

AFFIDAVIT OF LOST CHECK

I, _____ (name of employee), acknowledge the following:

1. I did not receive my payroll check dated _____ and I am requesting a replacement check. (Replacement checks will be issued no earlier than 5 business days after date of original check).

I did receive my payroll check dated _____, but my check has not been cashed for the following reasons:

2. I have signed this affidavit regarding a claim for reimbursement and understand that the making of a false affidavit knowingly is punishable by law and is subject to fine, or imprisonment, or both. If said check has been cashed, I understand that A. Teichert & Son, Inc. (Teichert) may notify the district attorney's office and request prosecution of any and all parties who have allegedly illegally cash/negotiated said check.

RETURN CHECK AGREEMENT

Further, I agree that should I ever receive or locate payroll check number: _____, then I shall return it to the corporate payroll office, and I will not attempt to cash/negotiate this check.

I authorize the corporate payroll office to mail the replacement check to:

Current Mailing address and phone number in case we need to contact you
Please print:

Signed: _____

Date signed: _____

Print name here: _____

Last four digits of Social Security Number: _____

Mail or Fax form directly to: Corporate Payroll, A. Teichert & Son, Inc.
PO Box 15002
Sacramento, CA 95851-1002
(916) 480-5576 (fax#)