



**AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED  
REVOLVING FUND CHECK**

**STATE OF CALIFORNIA  
COUNTY OF SANTA BARBARA }ss.**

\_\_\_\_\_ ; being duly sworn, says:

That he/she is the said legal owner of that certain revolving fund check numbered \_\_\_\_\_ ,  
dated \_\_ / \_\_ / 20 \_\_ , and drawn by the Santa Barbara County Education Office Revolving  
Fund, in favor of \_\_\_\_\_ as payee thereof,  
for \_\_\_\_\_ dollars (\$\_\_\_\_\_);

That said check has not been paid but was lost/destroyed before the same was paid by the  
Santa Barbara Teachers Federal Credit Union and cannot now be produced by the said legal  
owner. That the circumstances of such loss and all material facts relative thereto, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

I understand that, if I receive the above check, I agree not to cash the check but instead to  
returned the said check to the Santa Barbara County Education Office, Attn: Fiscal Services,  
4400 Cathedral Oaks Road, Santa Barbara, CA 93110.

\_\_\_\_\_  
Signature of payee

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed name of payee

\_\_\_\_\_  
Phone number of payee