

EMPLOYEE AFFIDAVIT FOR REPLACEMENT CHECK

[, <u>*</u>	, request a chec	k be reissued to m
or the following reason:		
Check was never received		
Check was received but lost after receipt		
Check was received but stolen after receipt		
Check was received, but damaged after receipt		
hereby requests that the check for the work period	2. 2. 1	in the amount of
check voided: (Check No)	
Payee Name :)
Social Security No. of Federal ID #:		
Address:		
City, State, Zip:		
Telephone:		
Show/Production Name :		
Special Instruction: understand if the orginal check is located, I will not cash or deposit it; theck back to Entertainment Media Specialists Inc. at the address show original check and cash or deposit it, I agree to reimburse the payron neurred to pay such check, and I expressly authorize payroll companies.	and will immediatel n below. In the eve ll company for the a	y mail the origina ent I received th mounts or fees i
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