AFFIDAVIT AND INDEMNITY BOND
STATE OF NORTH CAROLINA
COUNTY OF WAKE

I, _____, at_____
First Name, Middle Name, Last Name Street Address, City,

_____, _____ being first duly sworn, deposes and says that
State, Zip Code Phone

warrant(s) numbered _____for _____dollars, dated_____, allegedly issued by North Carolina State University, an agency of the State of North Carolina and drawn on the State Treasurer, and allegedly made payable to the order of this affiant

- ☐ Has/have not been received by this affiant,
- ☐ Has/have been received by this affiant but has/have since been stolen or lost,
- ☐ Has/have been received by this affiant, but has/have since been destroyed,
- ☐ Has/have been examined by me, and the first endorsement is not mine,

that I did not cash the warrant(s) and have never benefited in any manner from said warrant(s), that this affiant seeks to have the State of North Carolina replace said warrant(s) and,

In consideration of the issuance of the replacement warrant(s) by the State of North Carolina, I the undersigned, am held firmly bound unto the State of North Carolina in the sum of _____ dollars (an amount equal to the sum of the warrant(s) involved herein) to be paid to the state of North Carolina, to the payment whereof, well and truly made, I bind myself and each of my heirs, executors and administrators, firmly by these presents, so that if I, my heirs, executors or administrators, shall at all time save harmless and keep indemnified the State of North Carolina against any claim, demand, loss or expense of any character, and against all loss and damages whatever that may result at any time to the State of North Carolina or any agency thereof, arising out of and by reason of the issuance to the undersigned of the duplicate warrant(s) in replacement of the warrant(s) hereinabove described, then this obligation to be void and of no effect, otherwise to be remain in full force and effect.

WITNESS my hand and seal, this the_____day of _____, 20___

_____ _____(SEAL)
Street Address Affiant

_____ (_____)_____
City, State, Zip Phone Number

Subscribed and sworn before me, this the _____ day of _____, 20___

_____
Notary Public

My commission expires_____