



DEPARTMENT OF
ADMINISTRATION
DIPATTAMENTON ATMENESTRASION
DIVISION OF ACCOUNTS
(Dibision Kuenta)

Telephone (Telifon): (671) 475-1217 • Fax (Faks): (671) 472-8483



590 South Marine Corps Drive, ITC Building, Suite 707, Tamuning, Guam • P. O. Box 884, Hagåtña, Guam 96932

AFFIDAVIT

I / We, _____ & _____

Mailing Address: _____

Contact Nos. - Main _____ Cell _____ Work _____

Social Security No. _____ Spouse / Co-payee's _____

Driver's License No. _____ Spouse / Co-payee's _____

Being duly sworn depose(s) and declare(s):

That I / we is / are a citizen(s) of the _____

That I / we is / are the payee named in the Government of Guam (select one of the following):

☐ Income Tax ☐ General Fund ☐ Payroll ☐ Other: _____

Check No. _____ Dated _____ In the sum of \$ _____

That said check(s) was/were: ☐ Lost ☐ Not Received ☐ Destroyed

Other: _____
specify briefly

That he/she has/have never received the proceeds from said check(s) in whole or part. That in the event said check(s) is/are subsequently found he/she will return it to the Department of Administration, Division of Accounts and not attempt to cash it.

Dated this _____ day of _____, _____.

Signed: _____

NOTE: Signature Specimen page not required when Digitally Signed and Submitted to the Division of Accounts.

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Commission expires _____