

FORM: UNCLAIMED FUNDS

Claimant Name:

Claimant email address:

Claimant Phone:

Original check payee name:

Original check mailing address:

Number and Street

City

State

Zip Code

Original check amount:

Invoice # (if applicable):

Grounds on which the claim is founded:

The undersigned claimant certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant is the owner of the said claim and the person entitled to receive the money and property set form in said claim. Each claimant agrees to indemnify and hold harmless Riverside Community College District, its officers, and employees fr om an y loss resulting from the payment of said claim.

Signature
