

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SCHOOL CLOTHING ALLOWANCE
LOST VOUCHER AFFIDAVIT

Case Number: _____

I, _____, of _____
(Print Name) (Print Address)

_____, in _____ County, West Virginia

Being first duly sworn, do depose and say that the State of West Virginia Department of Health and Human Resources Voucher Number(s) _____, dated _____, payable to my order, in the amount of _____ dollars (\$ _____) has never been endorsed by me; that I did not authorize anyone to endorse same for me, nor has the amount represented by said voucher or any part thereof been received by me, nor did I authorize anyone to receive all or any part of said amount for me or for my credit. I also further state that any signature appearing on the voucher purporting to be my endorsement is not my signature.

Under penalty of law, I hereby affix my signature.

Signature: _____

Witness: _____

Date: _____

Taken, subscribed and sworn to before me this _____ day of _____.
My commission expires _____.

Notary Public

OR, (in lieu of notary)

In accordance with West Virginia Code § 9-5-8:

Representative
West Virginia Department of Health and Human Resources

Completion: Original and 3 copies – Original signatures on all 4

Distribution: (1) Original and 2 Copies – BCF Office of **Operations**

(2) 1 Copy – Case Record