



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise  
Governor

Paul L. Nusbaum  
Secretary

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: \_\_\_\_\_

(If unable to sign, my mark above.)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Taken, subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_.  
My commission expires \_\_\_\_\_.

OR, (in lieu of notary)

\_\_\_\_\_  
(Notary Public)

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

\_\_\_\_\_  
Representative  
West Virginia Department of Health and Human Resources

