

**Bath Local Schools
Unclaimed Funds**

Check Date	Voided Check Number	Vendor	Unclaimed Check Amount		USAS	Athletic	Void Date	Reissued Check Number	Reissued Check Amount	Reissued Check Date
09/17/2021	95584	KYLIE LONGMEIER	\$ 12.31	001-1890			5/16/23			
10/31/2021	95822	KATIE WIREMAN	\$ 40.00	001-1710			5/16/23			
10/31/2021	95807	KELLY BURKE	\$ 10.00	009-1710			5/16/23			
02/22/2022	96298	TIMOTHY CHEESEMAN	\$ 20.00	009-1710			5/16/23			
03/15/2022	96407	ALEXIS SELLERS	\$ 15.00	009-1710			5/16/23			
05/17/2022	96720	LEXI BITTERS	\$ 8.00	018-1890			5/16/23			
05/23/2022	96778	KRISTY WEBER	\$ 30.80	006-1512			5/16/23			
05/23/2022	96777	KARIE OLDIGES	\$ 176.75	006-1512			5/16/23			
06/17/2022	96918	CORINA ORDONIA	\$ 15.00	001-2821			5/16/23			
10/12/2022	97402	BROOKE BARBADAES	\$ 25.00	300-1630	\$10		5/16/23			
10/12/2022	97412	TANNIE CRIDER	\$ 35.00	009-1710			5/16/23			
10/12/2022	97404	DEANNAH HUGHES	\$ 15.00	009-1710			5/16/23			
10/28/2022	97585	HEIDI POPE	\$ 46.00	009-1710			5/16/23			
10/28/2022	97588	KYLA HOLLAR	\$ 58.00	009-1710			5/16/23			
			<u>\$ 506.86</u>							

Checks that have a yellow highlighted cells are still maintained in the balance of the Unclaimed Funds. After 5 years these unclaimed funds are forfeited with the amounts being released back to the original fund they were expensed from.



Bath Local School District
 Treasurer's Office
 2650 Bible Rd.
 Lima, OH 45801
 419-221-0807 x 6150
 Email: thompsonc@bathwildcats.org

UNCLAIMED FUNDS APPLICATION

This form must be filled out in its entirety for proof of claim unless the original check is returned to Bath for a replacement check to be reissued to the original name and address on file. Claims are usually processed within 30 business days upon receipt of the proper identification. See instructions below.

Unclaimed Funds Instructions

1. **Personal Identification** is required on all claims. ID may include driver's license, state ID, or passport.
2. **Proof of Reported Address** - Utility bill, bank statement, tax records, mortgage/rent records, or post marked envelope.
3. **Unclaimed Funds Application** must be signed, notarized, and returned with copies of documentation (1 and 2 above) for reissue.

Claimant Name _____

Address 1 _____

Address 2 _____

City State Zip _____

Phone _____

Are you the original owner? Yes No *(If your response is no, please answer the below two questions.)*

1. What is your relationship to the owner? _____
2. What is the reason for claiming funds on behalf of the owner?

I am claiming a warrant for the following unclaimed funds check:

Date of warrant: _____ Amount of warrant: _____

Describe reason warrant was not received or was not cashed within 90 days upon receipt:

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal equitable interest in the Unclaimed Funds and will indemnify and save harmless Bath Local School District and its employees from any damages, claims, or losses of any kind resulting from payment of the above described funds to claimant.

Claimant's Signature _____ Date _____

Print Name of Claimant _____

Sworn to and subscribed before me the ____ Day of _____ Year _____

Notary Signature _____

NOTARY SEAL

State of _____ County of _____

Treasurer's Office Use Only

Original Warrant Number _____	Reissue Warrant Number _____
Original Issue Date _____	Reissue Warrant Date _____
Warrant Amount _____	Reissue Warrant Amount _____