

**University of Florida
University Disbursement Services
AFFIDAVIT FOR DUPLICATE CHECK/UDS**

STATE OF _____ COUNTY OF _____

Before the undersigned, an Officer Duly Authorized to take acknowledgement, personally appeared the **PAYEE (CLAIMANT NAME)** _____ who, being duly sworn, deposes and says that **CLAIMANT** is informed and believes that the University of Florida did issue a check on the Wachovia/Wells Fargo Bank of Alachua County, Gainesville, Florida described below:

Check No.: _____ Check date: _____ Check Amount (\$): _____
Voucher No.: _____ Dept ID: _____ Fund/Program Code: _____
Expense Report number (if Travel): _____ Account number: _____

Payable to the order of _____ or **CLAIMANT** further says that according to **CLAIMANT's** best knowledge, information and belief, the said Check has been lost or destroyed and the **PAYEE** has not benefited in any way directly or indirectly from the above indicated Check.

Was the Check: Lost Stolen Other If other, describe the circumstances:

Claimant Signature: _____
Title (if other than individual): _____
EIN (if business) _____
Address: _____
City: _____ State: _____ Zip Code: _____

*** INFORMATION MARKED BY ASTERISK (*) MUST BE COMPLETED BY THE NOTARY**

*Sworn to and subscribed before me this _____ day of _____, 20 _____ by:

*Claimant (Print or Type)

* (Signature of Notary Public) State of _____

* (Print, type, or stamp Commissioned name of Notary Public)

* Personally Known or * Produced Identification

* Type of Identification Produced

The State of Florida requires a notary public seal shall be affixed to all notarized documents. This seal shall include "Notary Public-State of Florida" (or State you are notarized in). This seal shall also state name of notary public, commission expiration date and a commission number. If your State does not require a commission number, then a letter with a copy of your State's Notary Public laws must be attached to the affidavit for duplicate in order for the State of Florida to accept that affidavit and process that duplicate.

Return completed form to: ATTN: Banking Area
University of Florida
University Disbursement Services
PO Box 115350
Gainesville, FL 32611

For Internal Use Only
Stop Payment Details
Processor: _____
Date: _____