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

* (Signature of Notary Public) State of	STATE OF	CO	COUNTY OF		
WasheviaWells Fargo Bank of Alachua County, Gainesville, Florida described below:         Check No.:       Check date:					
WasheviaWells Fargo Bank of Alachua County, Gainesville, Florida described below:         Check No.:       Check date:	AME)	ANT is informed and believes that	t the University of F	who, being duly sworn,	
Payable to the order of	Wachovia/Wells Fargo Bank of	Alachua County, Gainesville, Flo	orida described belo	W:	
Payable to the order of	Check No ·	Check date:	Ch	eck Amount ·	
Payable to the order of	Voucher No./Expense Re	port:			
or CLAIMANT further says that according to CLAIMANT's best knowledge, information and belift, the said Check has be 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:		· · · · · · · · · · · · · · · · · · ·			
or CLAIMANT further says that according to CLAIMANT's best knowledge, information and belift, the said Check has be 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:	Pavable to the order of				
Was the Check:       Lost       Stolen       Other       If other, describe the circumstances:         Claimant Signature:	or CLAIMANT further says that	at according to CLAIMANT's bes	st knowledge, inforr	nation and belief, the said Check has be	
Claimant Signature:	lost or destroyed and the PAYI	EE has not benefited in any way o	directly or indirectly	from the above indicated Check.	
Claimant Signature:	Was the Check D Lost	□ Stolen □ Other	If other descr	ibe the circumstances:	
Title (if other than individual):					
Title (if other than individual):					
Title (if other than individual):					
Title (if other than individual):	Claimant Signature:				
EIN (if business)					
Address: Zip Code:					
City:	. ,				
* 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)  *Claimant (Print or Type)  * (Signature of Notary Public) State of * (Signature of Notary Public) State of * (Print, type, or stamp Commissioned name of Notary Public)  * (Print, type, or stamp Commissioned name of Notary Public)  * (Print, type of Identification Produced Return completed form to: University of Florida University of Florida University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611  * University Commissioned Data State State					
*Sworn to and subscribed before me this day of, 20 by: The State of Florida requires a notary public seal shall affixed to all notarized documents. This seal shall inclu "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 duplice in order for the State of Florida to accept that affidavit and process that duplicate. * Type of Identification Produced Return completed form to: University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:	City				
*Claimant (Print or Type) affixed to all notarized documents. This seal shall inclu "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 duplica in order for the State of Florida to accept that affidavit and process that duplicate. * Type of Identification Produced Return completed form to: University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:	*Sworn to and subscribed before	re me this	day of	, 20 by:	
<ul> <li>"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 duplica in order for the State of Florida to accept that affidavit and process that duplicate.</li> <li>* Type of Identification Produced</li> <li>Return completed form to:         <ul> <li>University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611</li> <li>For Internal Use Only Stop Payment Details Processor:</li> </ul> </li> </ul>			The State of F	lorida requires a notary public seal shall	
* (Signature of Notary Public) State of	*Claimant (Print or Type)		affixed to all notarized documents. This seal shall include "Notary Public State of Elorida" (or State you are		
* (Print, type, or stamp Commissioned name of Notary Public)       in 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 duplication or the State of Florida to accept that affidavit and process that duplicate.         * Personally Known or       * Produced Identification         * Type of Identification Produced       *         Return completed form to:       University of Florida University Disbursement Services         Attn: Banking Area PO Box 115350       For Internal Use Only Stop Payment Details         Processor:       Processor:			notarized in).	This seal shall also state name of notary	
<ul> <li>* (Print, type, or stamp Commissioned name of Notary Public)</li> <li>* Personally Known or * Produced Identification</li> <li>* Type of Identification Produced</li> <li>Return completed form to:</li> <li>University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611</li> <li>number, then a letter with a copy of your State's Notary Public laws must be attached to the affidavit of duplication order for the State of Florida to accept that affidavit and process that duplicate.</li> </ul>	* (Signature of Notary Public) State of		public, commission expiration date and a commission		
<ul> <li>* (Print, type, or stamp Commissioned name of Notary Public)</li> <li>in order for the State of Florida to accept that affidavit and process that duplicate.</li> <li>* Personally Known or * Produced Identification</li> <li>* Type of Identification Produced</li> <li>Return completed form to:</li> <li>University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611</li> <li>For Internal Use Only Stop Payment Details Processor:</li> </ul>			number, then	a letter with a copy of your State's Notar	
* (Print, type, or stamp Commissioned name of Notary Public) * Personally Known or * Produced Identification * Type of Identification Produced Return completed form to: University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:				1	
* Type of Identification Produced Return completed form to: University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:	* (Print, type, or stamp Commissioned name of Notary Public)				
* Type of Identification Produced Return completed form to: University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:	*	Draduced Identification			
Return completed form to: University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:		Produced Identification			
Return completed form to: University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:	* Type of Identification Produce				
University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:	Type of identification if foudde	ad			
University of Florida University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:		ed			
University Disbursement Services Attn: Banking Area PO Box 115350 Gainesville, FL 32611 For Internal Use Only Stop Payment Details Processor:		ed			
Attn: Banking Area         PO Box 115350         Gainesville, FL 32611         Stop Payment Details         Processor:	Return completed form to:				
Gainesville, FL 32611 Stop Payment Details Processor:	Return completed form to:	University of Florida	rvices		
Processor:	Return completed form to:	University of Florida University Disbursement Se	rvices		
Date:	Return completed form to:	University of Florida University Disbursement Se Attn: Banking Area PO Box 115350	For Intern		
	Return completed form to:	University of Florida University Disbursement Se Attn: Banking Area PO Box 115350	<u>For Intern</u> Stop Payr	nent Details	
	Return completed form to:	University of Florida University Disbursement Se Attn: Banking Area PO Box 115350	For Intern Stop Payr Processo	nent Details	