

**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./Expense Report: \_\_\_\_\_

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:

University of Florida  
University Disbursement Services  
Attn: Banking Area  
PO Box 115350  
Gainesville, FL 32611

For Internal Use Only  
Stop Payment Details  
Processor: \_\_\_\_\_  
Date: \_\_\_\_\_