

Florida International University

The State University of Florida at Miami

Students send Original to:
Cashier's Office - Help Desk
University Park PC-120
Miami, FL 33199

Vendors send Original to:
Controller's Office - AP Help Desk
University Park CSC-310
Miami, FL 33199

Replacement Check Affidavit

Date: _____

Panther ID: _____

Check Payee Name: _____

Address: _____

Apt #: _____

City: _____

State: _____

Zip: _____

Phone: _____

*Fax: _____

*Only forms with original signatures are accepted

Reason for requesting replacement check:

LOST

STOLEN

NEVER RECEIVED

Other: _____

** New Address-

YES

NO

****If this is a change of address, you must also submit your change to the appropriate Department:**

Employees contact Payroll Office. **Students** contact Registrar's Office. **Vendors** contact Purchasing Department.

STATE OF _____ COUNTY OF _____

Before the undersigned, an Officer Duly Authorized to Take Acknowledgement, personally appeared the PAYEE or responsible state Agency representative (CLAIMANT NAME) _____ who, being duly sworn, deposes and says that CLAIMANT is informed and believes that the Controller of Florida International University did issue a check as described below, and 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 check indicated below.

*I understand that if the original check is received, I must return it to the University Controller's Office marked **VOID** immediately. Any attempt to cash this check will result in bank and University fines to me.*

Claimant Signature: _____

Title (if other than an Individual): _____

There must be two witnesses for payees who cannot sign their names. The Notary can be one witness

WITNESS: _____

WITNESS: _____

ADDRESS: _____

ADDRESS: _____

NOTE: Please return this form with an Original Signature and a legible copy of a Photo ID of some type such as a Drivers License. Copies or facsimiles of signatures on this form are not acceptable.

This section must be completed by a Notary Public

Print or type name of Person making statement: _____	_____	IMPORTANT INFORMATION - The State of Florida requires that a notary public seal shall be affixed to all notarized documents. This seal shall include " Notary Public-State of (State you are notarized in). " This seal shall also state the 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 this affidavit in order for Florida International University to accept this affidavit and process a new check
Signature of Notary Public: _____	State of: _____	
Personally Known: _____ Produced Identification: _____	Type of Identification Produced: _____	
Print, Type, or Stamp Commissioned name of Notary Public: _____	_____	

For Controller's Office use only:

Original Accounting Information:

Check No: _____ Date: _____ Amount: _____

Voucher ID: _____ Dept/Proj ID: _____ Account: _____

Replacement Accounting Information:

Check No: _____ Date: _____ Amount: _____

Voucher ID: _____ Dept/Proj ID: _____ Account: _____

Processed By: _____ Date: _____ Ext #: _____

WHEN COMPLETED, MAIL THIS FORM TO ADDRESS LISTED ABOVE