



UNIVERSITY OF
SOUTH FLORIDA®

Affidavit for Duplicate Payroll Check

University Controller's Office - Payroll

Phone (813) 974-7955

Fax (813) 974-5084

Payee Name:

Date:

Address:

Telephone Number:

GEMS ID:

Reason for Duplicate Check Request

LOST

STOLEN

NEVER RECEIVED

OTHER

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

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 the University of South Florida 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 OR FOUND, 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.

Original Check Number:

Check Amount:

Claimant Signature:

Title (if other than individual):

For payees who cannot sign, there must be two witnesses - the Notary can be one witness.

Witness:

Witness:

Address:

Address:

This section must be completed by a Notary Public.

Name of Person Making Statement:

Notary Public Signature:

Personally Known?:

Produced Identification?:

Type of Identification:

Print, Type or Stamp Commissioned Name of Notary Public:

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 University of South Florida to accept this affidavit and process a new check.

RETURN ORIGINAL SIGNED DOCUMENT TO:
UNIVERSITY OF SOUTH FLORIDA
UNIVERSITY CONTROLLER'S OFFICE - PAYROLL
4202 E FOWLER AVE ALN 147
TAMPA, FL 33620