

# Florida International University

**Vendors send Original to:**  
 Florida International University Disbursement Office  
 11555 SW 17th Street CSC-332  
 Miami, FL 33199

## Replacement Check Affidavit

**Date:** \_\_\_\_\_ **Supplier Number:** \_\_\_\_\_  
(if known)

**Check Payee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Apt #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Reason for requesting replacement check:**       LOST       STOLEN       NEVER RECEIVED  
 Other: \_\_\_\_\_

\* New Address -      YES       NO        
 \*To update your new address log in to the supplier portal at the [Supplier Public Home Page](#)  
 For assistance contact vendors@fiu.edu or call (305) 348-2846

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.

This section must be completed by a Notary Public		
Print or type name of Person making statement:		<b>IMPORTANT INFORMATION</b> - The State of Florida requires that a notary public seal shall be affixed to all notarized documents. This seal shall include " <b>Notary Public-State of (State you are notarized in).</b> " 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: _____	Type of Identification Produced:	
Produced Identification: _____		
Print, Type, or Stamp Commissioned name of Notary Public:		

*For Controller's Office use only:*

<b>Original Accounting Information:</b>		
Check No: _____	Date: _____	Amount: _____
Voucher ID: _____		
<b>Replacement Accounting Information:</b>		
Check No: _____	Date: _____	Amount: _____
Voucher ID: _____		
Processed By: _____	Processed Date: _____	Ext #: _____

**WHEN COMPLETED, MAIL THIS FORM TO ADDRESS LISTED ABOVE**