

UNIVERSITY OF FLORIDA FOUNDATION, INC.
2012 W. UNIVERSITY AVENUE
POST OFFICE BOX 14425
GAINESVILLE, FL 32604

**AFFIDAVIT AND INDEMNITY
AGREEMENT (UFF-N-1)**
SUBMIT TO:
UF FOUNDATION DISBURSEMENTS
DEPARTMENT
392-9882

STATE OF _____
COUNTY OF _____

The undersigned _____ (Affiant*), being first duly sworn, deposes and says that check numbered _____ in the amount of _____ dollars (\$ _____), dated _____, issued by the University of Florida Foundation, Inc. (Foundation), drawn on WACHOVIA BANK N.A., and made payable to the order of _____ (Payee**):

- _____ has not been received by Payee.
- _____ has been received by Payee but has since been stolen or lost.
- _____ has been received by Payee, but has since been destroyed.
- _____ has been examined by Affiant and the endorsement is not Payee's.

Payee did not cash or endorse the check and has never benefited in any manner from said check. Affiant seeks to have the Foundation replace said check.

In consideration of the issuance of the replacement check by the Foundation, Affiant agrees to indemnify and hold harmless the Foundation against and from any claim, demand, loss, or expense to the Foundation, arising out of and by reason of the issuance to Affiant of said replacement check. This indemnification agreement is binding upon Payee and Payee's heirs, successors, and representatives.

WITNESS my hand and seal on _____, 20____.

_____ (SEAL)
Affiant

Subscribed and sworn before me on _____, 20____.

Notary Public

My commission expires _____

*If corporate officer, indicate office held.
**If Payee is an individual, then Affiant must be the same individual.

FOR OFFICE USE

REPLACEMENT CHECK # _____ DATE _____

CHECK DISPOSITION: _____
