

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

**STOP PAYMENT/VOID
CHECK REQUEST (UFF-N)**
SUBMIT TO:
UF FOUNDATION DISBURSEMENTS
DEPARTMENT
392-9882

Date of Request: _____
mm/dd/yyyy

SOF Number: _____

SOF Name: _____

UFF Check Number: _____

Payee: _____

Check Date: _____
mm/dd/yyyy

Amount: _____

_____ Stop Payment
Issue Replacement Check _____ yes (see note below) _____ no.
_____ Void Check (attach check)

Reason for this action:

Was the check endorsed by payee prior to loss? _____ Yes _____ No

Requested by: _____ Campus Address: _____

College/Department: _____ Campus Phone & Ext.: _____

SIGNATURES REQUIRED FOR APPROVAL

Authorized Fund Administrator: _____ Date: _____

Authorized Manager or VP: _____ Date: _____

NOTE: Before a replacement check can be processed, the bank must confirm the stop payment and the completed UFF-N-1 and new UFF-DR must be submitted.