



RESEARCH FOUNDATION, INC.

874 Traditions Way
P.O. Box 3064166
Tallahassee, Florida 32306-4166
(850) 644-8650 • FAX (850) 644-3658

CHECK CERTIFICATION / REQUEST

The undersigned certifies that it is his/her understanding that a check was issued by the Florida State University Research Foundation, Inc. in the amount of \$ _____. payable to _____, which has not been negotiated by payee, nor payee's assigns, to satisfy the obligation for which said check was issued. The undersigned further states that the check apparently has been destroyed/lost/stolen, and therefore, requests that a replacement be issued. The undersigned acknowledges that, effective the date this certification is executed, the original check (number _____ dated _____) is no longer negotiable and, if subsequently located, agrees to promptly return same to the Research Foundation at the above address.

Payee:

Witness:

(Signature)

(Signature)

(Above Name Printed/Typed)

(Above Name Printed/Typed)

(Current Address)

(Witness Phone Number)

(Current Phone Number)