

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

DISBURSEMENT REQUEST (UFF-DR)
SUBMIT TO:
UF FOUNDATION DISBURSEMENTS DEPARTMENT
392-9882

(Please type or print legibly)

Date (mm/dd/yyyy): _____ SOF #: F _____ Amount: \$ _____
Payee: _____ F _____
_____ F _____
FEIN #: _____ F _____
Remittance address: _____
(Home for _____ Total: \$ _____ 0.00
individuals) _____

For new vendors please attach a completed and signed W-9 form and a Vendor Application form.

Reason and business purpose:

Prepared by: _____ Campus Address: _____
College & Dept: _____ Campus Phone & Ext: _____
Campus E-mail Address: _____

SIGNATURES REQUIRED FOR APPROVAL: (Signature by Authorized Manager or VP certifies that the SOF(s) listed are under their authority and that the request complies with all Foundation policies, donor restrictions, and all UF requirements for institutional review of human and animal research.)

Authorized Fund Administrator: _____ Date: _____
Authorized Manager or VP: _____ Date: _____
Print name Manager or VP: _____
Other (specify): _____ Date: _____

PRIOR TO SUBMISSION, VERIFY THAT THE REQUEST COMPLIES WITH UFF POLICIES AND INCLUDES ORIGINAL RECEIPTS, INVOICES, EVENT CONTRACTS, OR OTHER REQUIRED DOCUMENTS.

FOR FOUNDATION USE ONLY: (Please do not write or stamp in this area.)

VENDOR #	_____	_____	_____	_____	_____
INVOICE #	_____	_____	_____	_____	_____
AMOUNT	_____	_____	_____	_____	_____
ACCOUNT #	_____	_____	_____	_____	_____
FUND #	_____	_____	_____	_____	_____
COMMENT	_____	_____	_____	_____	_____
1099 REQUIRED	_____	_____	_____	_____	_____
VOUCHER #	_____	PO #	_____	_____	_____