P-CARD AUTHORIZATION

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

P-CARD AUTHORIZATION
(USE WHEN SPENDING UFF MONIES ON UF P-CARD)
SUBMIT BY FAX TO UF:
352-846-1020
(Instructions below)

Voucher # or ER #: _____ Dept ID: _____

P-Card Holder: _____

Vendor Name: _____

UFF Amount: _____ Account #: _____ Source of Funds: F_____
(Submit one form for each fund used) UFF 6-Digit Fund #

The UFF Fund used for this payment is: (***one of the following three must be completed***)

1. Eminent Scholar Chair held by: _____
   (Chair Holder's Name)
2. Professorship held by: _____
   (Professor's Name)
3. Other – ***specify fund purpose***: _____

What is the ***UF business purpose*** of this payment? If payment is from a professorship or eminent scholar chair endowment, explain how this will support the professor/scholar and his/her scholarly work.

_____
_____
_____
_____

SIGNATURES REQUIRED FOR APPROVAL:

I certify that none of these expenses have been reimbursed through any other source.

Prepared by (printed): _____ Date: _____
(mm/dd/yyyy)

Signature: _____ College/Department: _____

Email address: _____ Campus phone: _____

Campus address: _____

I certify that the UFF fund is under my authority and that the disbursement complies with all Foundation policies, donor restrictions, and all UF requirements including institutional review of human and animal research.

Fund Administrator's name (printed): _____

Fund Administrator's Signature: _____ Date: _____
(mm/dd/yyyy)

*** Other** (specify): _____ Date: _____
(mm/dd/yyyy)

*** NOTE: The authorized Dean, Director, VP or his/her designee must *also* sign this form if the payment is to or for the benefit of the Fund Administrator.**

Transmit the voucher or ER fax cover sheet, this signed form, and all backup documentation to UF Disbursement Services at 352-846-1020. If you have questions about this form, please call 392-4244.