

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

ASSET TRANSMITTAL (UFF-B) SUBMIT TO: UF FOUNDATION RECORDS DEPARTMENT 392-9876

Date: _____ The attached assets are a deposit for **FUND NUMBER:** _____

FUND NAME: _____

Does this gift meet any campaign initiative? **Yes** **No** **If yes, check ALL that apply:**

Genetics	Cancer	Brain	Environment	Biotechnology	Latin America	Aging
Children and Families		Faculty Challenge (only endowed funds)				

Primary Development Officer associated with this gift: _____

Type of Deposit: (check one) **Submit this form in duplicate.**

Gift (will receive an acknowledgement)	Gift/Contribution	(cash, check, credit card)
	Gift-in-Kind	(non-cash, attach UFF-P, attach UFF-M if applicable)
	Pledge Payment	(cash, check, credit card)
	Memorial Gift	(provide acknowledgement information, next of kin)
	Tribute Gift	(provide acknowledgement information, for honoree)
Non-Gift (will not receive an acknowledgement)	Repayment of Missed Payroll	(advanced to: _____ Check# _____)
	Expense Refund	(original Foundation Check# _____)
	Other	(explanation/reason for deposit: _____)

This gift is anonymous **No** **Yes** **(If yes, attach a separate UFF-B for each anonymous gift.)**

For gifts, was any *quid pro quo* provided to donor? **No** **Yes** **(if yes, attach UFF-C)***

Type of Asset: (check one)

Cash	(hand carry to the Foundation and obtain a receipt)		
Checks	(limit of 30 checks per transmittal)		
Credit Card	Check one:	MasterCard/Visa	Discover AmEx
Other	(explain: _____)		

The following information is required for each asset deposited. Attach an additional sheet if necessary. Address information is required for every donor/payor for receipting purposes. Incomplete information may result in processing delays. Attach copies of correspondence.

Name of Donor/Payor	Address information (if not on check)	Amount	Appeal Code (if applicable)

Whenever possible, checks should be made payable to the University of Florida Foundation, Inc. Checks made payable to the University of Florida or any University entity, such as a college, department, or program, which clearly represents gifts to the University, may be deposited in the appropriate Foundation fund.

For audit purposes:

- 1) Please attach copies of all correspondence relative to the deposit.
- 2) UFF, Inc. cannot accept funds if they involve contract deliverables, fees-for-services, proprietary research, drug protocols, or depositions.
- *3) Please attach form UFF-C to describe any *quid pro quo* provided to donors. Absence of form UFF-C indicates no *quid pro quo* was provided.

Signature of Fund Administrator or Appropriate Dean/Director/VP _____ Date (mm/dd/yyyy) _____ Phone & Extension _____

Prepared By (please print) _____ Campus Address _____ Date (mm/dd/yyyy) _____ Phone & Extension _____