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

Clear Form

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

Date:_____ (mm/dd/yyyy) The attached assets are a deposit for Source of Funds **(SOF)#:** _____

FUND NAME:_____

Primary Development Officer associated with this gift:_____**Proposal ID:**_____

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

Gift
(will receive acknowledgement)

___ Gift/Contribution (cash or check)
___ Gift-in-Kind (non-cash, attach UFF-P, attach UFF-M if applicable)
___ Pledge Payment (cash or check)
___ Memorial Gift (provide acknowledgement information, next of kin)
Name of deceased (include Advance ID): _____
___ Tribute Gift (provide acknowledgement information, for honoree)
Name of honoree (include Advance ID):_____

Non-Gift
(will not receive acknowledgement)

___ (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
___ 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.

ENDORSE CHECKS "FOR DEPOSIT ONLY UNIVERSITY OF FLORIDA FOUNDATION"

Submission of this form certifies the following:

1) All information provided is accurate per the donor's intent and the University's policies.
2) I have attached copies of all correspondence relative to the deposit.
3) I understand UFF, Inc. cannot accept funds if they involve contract deliverables, fees-for-services, proprietary research, drug protocols, or depositions.
4) I have attached, if applicable, form UFF-C to describe any quid pro quo provided to donors.

Submitted by (please print)	Campus Address	Date (mm/dd/yyyy)	Phone & Extension