

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

TRANSFER REQUEST (UFF-D)
For transfer of monies to UF
SUBMIT TO:
UF FOUNDATION DISBURSEMENTS DEPARTMENT
392-9882

(Please type or print legibly)

Date (mm/dd/yyyy):

SOF #:

Amount: \$

Transfer to:

Reason for transfer:

Will any portion of the monies requested involve an expenditure or activity requiring approval for human or animal research, or compliance with any other research policies of UF? Yes No

Division of Sponsored Research Project Number

Insert DSR Project Number or TBA if this is a new project and a number has not yet been assigned.

Prepared by:

Campus Address:

College & Dept:

Campus Phone & Ext:

Campus E-mail Address:

SIGNATURES REQUIRED FOR APPROVAL: (Signature by Dean, Director 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 Dean, Director or VP: _____ Date: _____

Other (specify): _____ Date: _____

FOR TRANSFERS TO PEOPLESOFT FUNDS 171, 251 AND 502 SUBMIT THIS FORM IN DUPLICATE WITH A UFF-U FORM IN DUPLICATE. FOR TRANSFERS TO UF DIVISION OF SPONSORED RESEARCH, SUBMIT ONLY THIS FORM IN TRIPLICATE.

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

VENDOR #	_____	_____	_____
SOF / DATE	_____	_____	_____
AMOUNT	_____	_____	_____
ACCOUNT #	_____	_____	_____
SOF #	_____	_____	_____
COMMENT	_____	_____	_____
VOUCHER #	_____	_____	_____