

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

**DISBURSEMENT REQUEST (UFF-DR)**  
SUBMIT TO:  
UF FOUNDATION DISBURSEMENTS DEPARTMENT  
392-9883

*(Please type or print legibly)*

Date (mm/dd/yyyy): \_\_\_\_\_ SOF #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payee: \_\_\_\_\_  
\_\_\_\_\_

FEIN #: \_\_\_\_\_

Remittance address: \_\_\_\_\_  
(Home for \_\_\_\_\_ Total: \$ \_\_\_\_\_  
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 #	_____	_____	_____