

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

**Request to Pick UP Check (UFF-V)**  
SUBMIT TO:  
UF FOUNDATION DISBURSEMENTS DEPARTMENT  
392-9882

As an exception to the Foundation's policy of mailing all AP checks to the vendor/payee, I request that the following check be held at the Foundation's Disbursement Office for pick up:

Vendor/Payee \_\_\_\_\_

Check Amount \$\_\_\_\_\_

UFF SOF # \_\_\_\_\_

Reason for requesting an exception to the policy:

\_\_\_\_\_  
Print Fund Administrator's Name

\_\_\_\_\_  
UFF Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fund Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager or VP Signature

\_\_\_\_\_  
Date

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Check picked up by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date