

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

**SOURCE OF FUNDS (SOF)
TRANSFER REQUEST (UFF-K)**
SUBMIT TO:
UF FOUNDATION ACCOUNTING DEPARTMENT
392-5919

FOUNDATION USE ONLY

Account #: _____

JV#: _____

Entered by: _____

Date of Request:

Amount of Transfer:

Transfer from:

Source of Fund #:

Source of Fund Name:

Source of Fund's purpose:

Transfer to:

Source Fund #:

Source Fund Name:

Source of Fund's purpose:

Reason and Purpose of Transfer:

Prepared by:

Campus Address:

Phone & Ext:

Authorization:

Fund Administrator (transfer from): _____ Date: _____

Dean, Director or VP (transfer from): _____ Date: _____

Dean, Director or VP (transfer to): _____ Date: _____

Other (specify): _____ Date: _____

Foundation Staff: _____ Date: _____

NOTE: This form must be authorized by both Deans, Directors or VPs if transferring between units.