

Guidelines for Transfers to UF

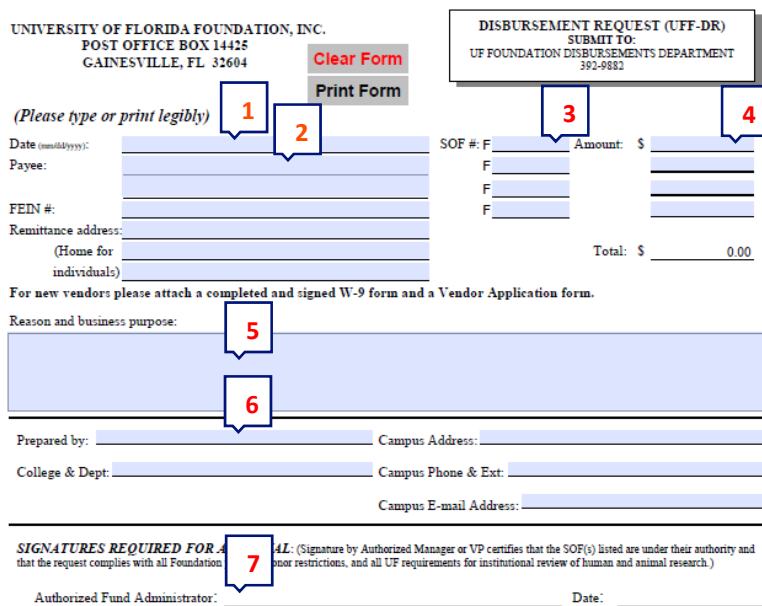
Prior to Requesting a Transfer

Transfer requests should not occur within 5 days of the end or the beginning of the month. Funds are automatically transferred from the Foundation to the University on a monthly basis for non-endowed funds, and quarterly for endowed funds. Prior to requesting a transfer from the Foundation, please **check the Foundation Accounting System (FAS) to ensure the funds are currently available**.

Click here for additional DSP transfer information: <https://research.ufl.edu/dsp/award-management/fiscal-management/transferring-dso-uff-funds-to-uf-in-support-of-research-activities.html>

Requesting a Transfer

Complete form **UFF-DR** (<https://www.uff.ufl.edu/docview/?docid=703>) and send to DisbursementDepartment@uff.ufl.edu.



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

DISBURSEMENT REQUEST (UFF-DR)
 SUBMIT TO:
 UF FOUNDATION DISBURSEMENTS DEPARTMENT
 392-9882

(Please type or print legibly)

1 Date (mm/dd/yyyy): _____ 2 Payee: _____

3 SOF #: F _____ Amount: \$ _____
 F _____
 F _____
 F _____

4 Total: \$ _____ 0.00

FEIN #: _____
 Remittance address: _____
 (Home for individuals): _____

For new vendors please attach a completed and signed W-9 form and a Vendor Application form.

Reason and business purpose: _____

5 _____
 6 _____

Prepared by: _____ Campus Address: _____
 College & Dept: _____ Campus Phone & Ext: _____
 Campus E-mail Address: _____

7 SIGNATURES REQUIRED FOR ALL: (Signature by Authorized Manager or VP certifies that the SOF(s) listed are under their authority and that the request complies with all Foundation honor restrictions, and all UF requirements for institutional review of human and animal research.)
 Authorized Fund Administrator: _____ Date: _____

1. Enter Date
2. Type: *UF-001 Finance & Accounting (Supplier ID 000002174 -1)*
3. Enter Source of Fund (SOF) to be transferred
4. Enter Amount
5. Type: *****UFF/Campus TRANSFER*****
 *Also type the full chartfield the funds should be transferred to, see below for details *
6. Enter preparer's contact information
7. Include Fund Administrator's signature

Completed chartfield information should address each column according to this table: *

	DeptID	Fund	Program	Account	Source	Bud Ref	Flex	Project	Project #	Activity
UF Cost Center	xxxxxxx	171	1100	430000	F0xxxxx	CRRNT	-	-	-	-
Another Component Unit	xxxxxxx	209	2200	430000	G000880	CRRNT	-	GRANT	xxxxxxx	1
UF Scholarship	xxxxxxx	251	9900	430000	F0xxxxx	CRRNT	7603Dxxxxx	-	-	-

Contact Us

UF Foundation, Disbursements | 352-392-9882

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Iwona Esser, Accountant, 352-392-2154, iesser@uff.ufl.edu