

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

**Wells Fargo Corporate Account
Payment Request**
SUBMIT TO:
UF FOUNDATION DISBURSEMENTS DEPARTMENT

Please process payment of the attached invoices charged to:

Purchaser Name: _____ Acct # (last 4 digits): _____

Total: \$ _____

Reason and business purpose of the expense(s):

Prepared by: _____ Phone #: _____

Department: _____ Email Address: _____

Fund Administrator's Signature: _____ Date: _____

Manager or VP Signature: _____ Date: _____

Other Approval: _____ Date: _____

NOTE: INCLUDE DETAILED WELLSONE COMMERCIAL CARD STATEMENT AND ITEMIZED VENDOR INVOICES BEHIND THIS FORM AND FORWARD TO UFF DISBURSEMENTS DEPARTMENT.