

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

DISBURSEMENT REQUEST (UFF-DR)
SUBMIT TO:
UF FOUNDATION DISBURSEMENTS DEPARTMENT
DisbursementDepartment@uff.ufl.edu

(Please type)

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

Payee: _____

FEIN #: _____

Remittance address: _____
(Home for _____ Total: \$ _____
individuals)

New and existing vendors need to register and/or maintain their information using the UF Supplier Portal.

Reason and business purpose:

Prepared by: _____ Campus E-mail Address: _____

College & Dept: _____ Campus Phone & Ext: _____

SIGNATURES REQUIRED FOR APPROVAL: All disbursement and transfer requests must be authorized by the fund administrator or an authorized designee. Disbursement requests of \$5,000 or greater must additionally be authorized by a departmental manager/supervisor. Disbursement requests of \$50,000 or greater must include authorization by a departmental manager/supervisor, and the Vice President, Senior Associate Vice President, or a designee of either.

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 THE RECEIPTS, INVOICES, EVENT CONTRACTS, OR OTHER REQUIRED DOCUMENTS.

FOR FOUNDATION USE: (Please feel free to populate the AMOUNT, ACCOUNT #, AND FUND #).

VENDOR # _____
INVOICE # _____
AMOUNT _____
ACCOUNT # _____
FUND # _____
VOUCHER # _____ PO # _____