

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

**PAYMENT AUTHORIZATION (UFF-PA)**  
USE WHEN SPENDING UFF MONIES  
BY VOUCHER, PCARD  
OR EXPENSE REPORT  
**For Questions Contact**  
392-4244

Voucher# or ER# or Pcard Transaction# :

Payee Name:

Expense Amount:

Date of Expense:

**Source of Funds: F**

UFF 6-Digit Fund # (Submit one form for each fund used)

**SOF Name:**

Is this Fund a:

1. Eminent Scholar Chair held by:

(Chair Holder's Name)

2. Professorship held by:

(Professor's Name)

Donor intent or detailed purpose of fund per Gift Agreement or other UFF record:

How does this expenditure specifically fit within the donor intent or fund purpose?

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**Department Contact Info:**

Prepared by:

Date:

Email Address:

Campus Phone:

Campus Address:

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***SIGNATURES REQUIRED FOR APPROVAL:***

I certify that the UFF fund is under my authority and that the disbursement complies with all UF Foundation policies, donor restrictions, and all UF directive and procedures, including institutional review of human and animal research. I also confirm that his expenditure has not been paid from any other source of funds.

Fund Administrator's Name (print):

Fund Administrator's Signature:

Date:

\* **Other** (specify):

Date:

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**\* NOTE: The authorized Dean, Director, VP or his/her designee must also sign this form if the payment is to or for the benefit of the Fund Administrator.**