

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

**SOURCE OF FUNDS (SOF)  
TRANSFER REQUEST (UFF-K)**  
SUBMIT TO:  
UF FOUNDATION FINANCE & ACCOUNTING DEPT  
Email: [Finance-accounting@uff.ufl.edu](mailto:Finance-accounting@uff.ufl.edu)  
392-5919

**FOUNDATION USE ONLY**  
Account #: \_\_\_\_\_  
JV#: \_\_\_\_\_  
Entered by: \_\_\_\_\_

Date of Request: \_\_\_\_\_  
(mm/dd/yyyy)

**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: \_\_\_\_\_

**Purpose of Transfer:** *All requests **MUST** include supporting documentation. If donor's Advance record requires updating, attach appropriate donor information.*

Prepared by: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone & Ext: \_\_\_\_\_

**Authorization:**

Fund Administrator (transfer from): \_\_\_\_\_

Date: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Date: \_\_\_\_\_

Foundation Staff: \_\_\_\_\_

Date: \_\_\_\_\_