

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

**SOURCE OF FUNDS (SOF)
TRANSFER REQUEST (UFF-K)**
SUBMIT TO:
UF FOUNDATION ACCOUNTING DEPARTMENT
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: _____