

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

PAYMENT AUTHORIZATION (UFF-PA)
USE WHEN TRANSFERING UFF MONIES
BY JOURNAL ENTRY
For Questions Contact
disbursementdepartment@uff.ufl.edu

Journal Entry #:

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 transfer specifically fit within the donor intent or fund purpose?

Department Contact Info:

Prepared by:

Date:

Email Address:

Campus Phone:

Campus Address:

SIGNATURES REQUIRED FOR APPROVAL:

I certify that the UFF fund is under my authority and that the transfer 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 this transfer has not been paid from any other source of funds.

Fund Administrator's Name (print):

Fund Administrator's Signature:

Date:

* **Other** (specify):

Date:

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