

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

**PAYMENT AUTHORIZATION (UFF-PA)**  
(USE WHEN SPENDING UFF MONIES IN  
UF PEOPLESFT FUND 171  
OR TRAVEL & EXPENSE MODULE  
**SUBMIT BY FAX TO UF:**  
352-846-1020 (instructions below)

Voucher # or ER #: \_\_\_\_\_ Dept ID: \_\_\_\_\_  
Payee Name: \_\_\_\_\_ Vendor # or UFID # \_\_\_\_\_ PeopleSoft Fund: \_\_\_\_\_  
Remittance Address: \_\_\_\_\_ Program Code: \_\_\_\_\_  
\_\_\_\_\_  
Account # \_\_\_\_\_ Category/Item # \_\_\_\_\_ Source of Funds: F \_\_\_\_\_  
UFF Amount: \_\_\_\_\_ UFF 6-Digit Fund # \_\_\_\_\_  
(Submit one form for each fund used)

The UFF Fund used for this payment is: **(one of the following three must be completed)**

1. Eminent Scholar Chair held by: \_\_\_\_\_ (Chair Holder's Name)
2. Professorship held by: \_\_\_\_\_ (Professor's Name)
3. Other – **specify fund purpose:** \_\_\_\_\_

What is the **UF business purpose** of this payment? If payment is from a professorship or eminent scholar chair endowment, explain how this will support the professor/scholar and his/her scholarly work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES REQUIRED FOR APPROVAL:**

I certify that none of these expenses have been reimbursed through any other source.

Prepared by (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ College/Department: \_\_\_\_\_

Email address: \_\_\_\_\_ Campus phone: \_\_\_\_\_

Campus address: \_\_\_\_\_

I certify that the UFF fund is under my authority and that the disbursement complies with all Foundation policies, donor restrictions, and all UF requirements including institutional review of human and animal research.

Fund Administrator's name (printed): \_\_\_\_\_

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 payment is to or for the benefit of the Fund Administrator.**

**Transmit the voucher or ER fax cover sheet, this signed form, and all backup documentation to UF Disbursement Services at 352-846-1020. If you have questions about this form, please call 392-4244.**