

UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC.

Box 115500, Campus
(352) 392-5221

DIRECT DISBURSEMENT REQUEST (D-1)

For all expenses except Travel, Entertainment or OCO

Date: _____	P.I. _____	Project # _____
Project Name: _____		
Check Payable To: _____	SSN/Fed ID: _____	
Remittance Address: _____		
City: _____	State: _____	Zip Code: _____
Amount*: \$ _____		
Purpose: _____		

UFRF reserves the right to reject any expenditures that would jeopardize its tax-exempt status or that is deemed to be unreasonable or outside the scope of research.

Send Check To: Contact Person <input type="checkbox"/> Vendor <input type="checkbox"/> Other: <input type="checkbox"/> _____
Special Instructions: _____
Contact Person: _____ Department: _____
Address: _____ Telephone #: _____

P.I. Approval*: _____	Date: _____
Chairperson, Dean, Director or V.P. Approval*: _____	Date: _____

- *Note: 1) If this disbursement is for **less than \$10,000** only the PI signature is required.
2) If this disbursement is for **\$10,000 or more**, this form **must have two signatures**—the Principal Investigator and someone above the P.I.. If the P.I. is the Department Chairperson, then the Dean or Director must sign. If P.I. is the Dean or Director, then the appropriate Vice President must sign.
3) **Original receipts must be attached.**

For UFRF use only:

Vendor #: _____	Check #: _____	Check Date: _____	BO Approval: _____
Dept. I.D. _____	Fund: _____	Program: _____	Date: _____
GL Account: _____	Source of Funds: _____	Dept. Flex: _____	
Approval – UFRF Officers. Two signatures required if \$10,000 or more:			
Signature: _____	Date: _____		
Signature: _____	Date: _____		