

SHARE
Purchasing Form

UF Foundation Payment Authorization	
By replying via email "I approve", or providing a digital or manual signature, you are certifying that this UFF fund is under your authority, and that this expense complies with all UF Foundation policies, donor restrictions, as well as all UF directives and procedures, including institutional review of human and animal research. Your approval also confirms that this expenditure has not been paid from any other source of funds.	
Fund Administrator Name	Michael E. Rogers
UFF Source of Funds Number	F000999
UFF Fund Name	Citrus Research and Education Center, Lake Alfred
Donor Intent or Detailed Purpose of Fund per Gift Agreement or Other UFF Record	Support the Department
Date of Expense	
Payment type (pcard, reimbursement, vendor payment)	
Total Expense Amount	
How does this expenditure meet the donor intent or stipulations of the gift agreement?	
If this fund is a Professorship or Eminent Scholar Chair, please provide the name of the current faculty recipient.	
Digital or Manual Signature (N/A if approval is provided via reply email)	
NOTE: The authorized Dean, Director, VP or his/her designee must also approve this expenditure if the payment is to or for the benefit of the Fund Administrator.	
For questions about this form and all UFF Disbursements, please call (352) 392-4244	
Print Pcard Name	
Pcard Signature	
Pcard Approver UFID	
Pcard Approver Signature	