

**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  Vendor  Other:  \_\_\_\_\_  
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: \_\_\_\_\_