

**UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC.**

Box 115500, Campus  
(352) 392-5221

**DEPOSIT REQUEST (DEP-1)**

For deposits to an existing project

Date: \_\_\_\_\_ P.I. \_\_\_\_\_ Project # \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Grantor's Name: \_\_\_\_\_ SSN/Fed ID: \_\_\_\_\_  
Remittance Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Amount\*: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

P.I. Approval\*: \_\_\_\_\_ Date: \_\_\_\_\_

**For UFRF use only:**

Deposit #: \_\_\_\_\_ Date : \_\_\_\_\_ **Input:** KSS \_\_\_\_\_ Ck Log \_\_\_\_\_ PS \_\_\_\_\_ BO Approval: \_\_\_\_\_  
Dept. ID \_\_\_\_\_ Fund: \_\_\_\_\_ Program: \_\_\_\_\_ GL Account: \_\_\_\_\_  
Source of Funds: \_\_\_\_\_ Flex: \_\_\_\_\_  
**\*\*IDC:** No \_\_\_ Yes \_\_\_ % \_\_\_\_\_ GL Account: \_\_\_\_\_  
Dept. ID \_\_\_\_\_ Fund: \_\_\_\_\_ Program: \_\_\_\_\_ Source of Funds: \_\_\_\_\_ Dept. Flex: \_\_\_\_\_  
**\*\*Management Fee:** \_\_\_\_\_ GL Account: \_\_\_\_\_  
Dept. ID \_\_\_\_\_ Fund: \_\_\_\_\_ Program: \_\_\_\_\_ Source of Funds: \_\_\_\_\_ Dept. Flex: \_\_\_\_\_