SOURCE OF FUND (SOF)
INFORMATION FORM (UFF-A)
SUBMIT TO:
UF FOUNDATION FINANCE OFFICE
392-5971

—— New SOF Request
—— SOF Change Request (highlight changed items)
_✓_ Close SOF Request

Date: ___02/01/2019___
mm/dd/yyyy

SOF Name: _Paleomagnetic REsearch Fund_ SOF#: ___003385___

Administrator Name: _David Foster_ Title: _Professor_

Campus Telephone & Extension: _22231_ Campus Box #: _112120_

SOF's College/Unit: _CLAS/Geology_ SOF's Dept. ID: _____

Additional UFLOR Chartfield Information Required for Transfers to UF:

Fund _____ Program _____ Flex _____ Employee ID _____ Project # _____

Is this an endowment (with a minimum of $30,000): ___ Yes ___ No

Is the Gift Agreement ___ Completed ___ Out for signatures ___ Draft only ___ Will/Trust

Type of gift and amount to be deposited _____

** Purpose (See gift agreement):

   Fund is closing. No longer used.

Prepared By (Print): _Angie Zaft_ E-mail Address: azaft@ufl.edu

Administrator Signature: _____ E-mail Address: _dafoster @ ufl.edu_

* Dean/Director or VP Approval: _____

UFF Executive VP Approval: _____

* New Fund Administrators or replacements for current Fund Administrators are appointed by the Dean, Director or Vice President. This form must have the signature of the Dean, Director or Vice President before it is submitted to the Foundation for processing. If the Fund Administrator will be the Dean or Director, the appropriate Vice President must sign. If the Vice President is to be the Fund Administrator, the President must approve.

** Identify the type of activity this SOF is intended to support and any donor restrictions on its use, i.e., unrestricted to a college, restricted to department, student financial aid, faculty and staff support, research facilities, or other. Attach copies of all relevant donor correspondence. Be specific.

NOTE: Incomplete forms or those without proper approval signatures will be returned to the Fund Administrator, possibly resulting in delays in processing your request or access to funds.

Date Entered _____ By _____ Effective Date _____