

UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.

12201 Research Parkway, Suite 501

(407) 823-5278

DEPOSIT REQUEST (DEP-1)

For deposits to an existing project

Date: _____ P.I. _____	Deposit in Project #: _____
Project Name: _____	
Agency's Name: _____	
Address: _____ _____	
Amount: \$ _____	
Purpose: _____	

Contact Person: _____	Department: _____
Address: _____	Telephone #: _____

PI Approval: _____	Date: _____
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For UCFRF use only:

Deposit #: _____	GL Account: 21500	Entered in DataPro: _____
Date: _____	21600	
Vendor #: _____	Other	
F&A: No <input type="checkbox"/> Yes <input type="checkbox"/> %: _____	Amount: _____	
NOA: No <input type="checkbox"/> Yes <input type="checkbox"/> UPN#: _____		
Management Fee: _____		