Deposit Transmittal

Deposit # _____

Campus Mail Address:
UB Foundation, Inc.
Center for Tomorrow
North Campus

US Mail Address:
UB Foundation, Inc.
P.O. Box 900
Buffalo, NY 14226-0900

www.ubfoundation.buffalo.edu
Phone (716) 645-3011
Fax (716) 645-3475

Please credit UBF Account Number _____

Account Title _____

With the following Check(s) $ _____

Cash $ _____

Charge Slips $ _____

Total $ _____ 0

All checks must be made payable to the UB Foundation, Inc. or exact account title.

Please complete the appropriate information. Checks cannot be processed without proper supporting documentation. A letter from the maker of the check detailing this credit must be on file at UB Foundation or attached to this form.

1. Donations (select one)

a. _____ These funds are donations for which no goods or services are provided to the donor

b. _____ Some goods or services are provided

Acknowledgement should be sent as follows:

Donor Recognition Name _____

Mailing Address _____

_____

_____

Corporate Contact Person & Title _____

Gift in Memory or Honor of _____

2. _____ Transfer from Faculty Practice Corporations

3. _____ Membership/Dues Payment

4. _____ Repayment/Advance Clearance Disbursement Request # _____

5. Sponsored Program or Activity/Service Revenue

Please circle the appropriate response to each question if the funds for deposit are used to support a project, activity service, or sponsored program.

Y ☐ N ☐ Are the funds provided by a source external to the university?

Y ☐ N ☐ Will the project, activity, services, or sponsored program be conducted over a period of time?

Y ☐ N ☐ Is there an obligation for performance of specified services that are approved by the funding source or for delivery to the funding source of specified work products?

Y ☐ N ☐ Will university owned or controlled facilities be used or is there involvement of university personnel in the course of their university duties?

To allow for prompt processing of this deposit, please check the appropriate item(s) and provide a brief description of the project, activity, service, or sponsored program.

_____ Concerts, theatrical presentations, shows, cultural events

_____ Recreational events, competitions

_____ Continuing professional education - exhibitions, lectures, seminars, symposia, colloquia

_____ Testing, analysis, studies, research

_____ Student or faculty support, faculty or staff travel

_____ Acquisition, maintenance, distribution of equipment, supplies, publications, books, manuscripts, data file, microforms, pharmaceuticals, specimens, objects d'art

_____ Other (specify below)

_____ Sale of tangible personal property subject to NY sales tax. Attach report to deposit. Refer to www.ubfoundation.buffalo.edu for more information.

Brief description:

_____

_____

_____

_____

Deposit Transmittal completed by:

Name _____ Dept _____

Signature _____ Address _____

Date _____ Phone _____ Fax _____

E-mail _____

Receipt for hand delivery only:

UBF received by _____ Date _____