

DEPOSIT TRANSMITTAL

Deposit # _____
(five characters/alpha-numeric)

To: Campus Mail Address: U.S. Mail Address: www.ubfoundation.buffalo.edu
UB Foundation, Inc. UB Foundation, Inc. Phone: 645-3013
Center for Tomorrow Box 900 Fax: 645-3475
North Campus Buffalo, NY 14226-0900

5. Sponsored Program or Activity/Service revenue
The funds to be deposited will be used to support a project, activity service, or sponsored program. **Please circle the appropriate response to each question.**

- 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 which have been approved by the funding source or for the delivery to the funding source of specified work products?
- Y N Will University owned or controlled facilities be used or will there be involvement of University personnel in the course of their University duties?

To allow for prompt processing of deposit, please check the appropriate item and provide a very brief description of the project, activity, service, or sponsored program:

- _____ Concerts, theatrical presentations, show, cultural events
- _____ Recreational events, competitions
- _____ Exhibitions, lectures, seminars, symposia, colloquia
- _____ Continuing professional education
- _____ Testing, analysis, studies, research
- _____ Student support, faculty support, faculty and staff travel
- _____ Acquisition, maintenance, and distribution of equipment, supplies, publications, books, manuscripts, data file, microforms, pharmaceuticals, specimens, and objects d-art
- _____ Other, specify _____

Brief description:

Form completed by:

Name _____ Department _____

Signature _____ Campus Address _____

Date _____ Campus Phone _____ Fax Number _____

Email address _____

RECEIPT FOR HAND DELIVERY ONLY:

UBF Received by: _____ Date _____

Please credit UB Foundation Account Number _____

Account Title _____

With the following Check(s) \$ _____

Cash \$ _____

Charge Slips \$ _____

Total \$ _____

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 or the check detailing this credit **should be** on file at the UB Foundation or attached to this form.

Select One (1-5):

1. Donations

A. _____ These funds are donations for which no goods or services were provided to the donor. Acknowledgement should be sent as follows:

Donor Recognition Name _____

Mailing Address _____

If Corporate Gift _____

Contact Person/Title _____
Gift in memory /honor of _____

B. _____ These funds are donations for which same goods or services were provided to the Donor. **Details of value for such goods and services must be attached.**

Donor Recognition Name _____

Mailing Address _____

If Corporate Gift _____
Contact Person/Title _____

2. _____ Transfer from Faculty Practice Corporations

3. _____ Membership/Dues Payment

4. _____ Repayment/Advance Clearance: Disbursement Request#: _____

