

NON-GIFT TRANSMITTAL FORM
University of Arkansas Foundation, Inc.

UAF

ADC

Foundation account number _____ Foundation account name _____

PAYOR NAME	REV/EXP CODE	AMOUNT	PURPOSE OF FUNDS
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____
10 _____	_____	_____	_____
11 _____	_____	_____	_____
12 _____	_____	_____	_____
13 _____	_____	_____	_____
14 _____	_____	_____	_____
15 _____	_____	_____	_____
16 _____	_____	_____	_____
17 _____	_____	_____	_____
18 _____	_____	_____	_____
19 _____	_____	_____	_____
20 _____	_____	_____	_____

Total deposit _____

COMPLETED BY _____ DEPT _____ PHONE _____ DATE _____

MAIL ALL RELATED DOCUMENTATION, TRANSMITTAL FORM, AND CHECKS TO:

University Development Office
300 UNHS
Phone: 575-5507

or Vice President for Agriculture Office3
AFLS E-202
Phone: 575-4546