



**University of Central Florida
Finance and Accounting
Request to Accept Departmental Payments**

Name of department: _____

Department/Project No: _____

Accountable Officer: _____ Phone No: _____

Start date: _____

Location of payment center: _____ Phone No: _____

Nature of payments, rent, seminars, etc: _____

Frequency: Daily Weekly Monthly Other _____

Type of payments, cash, checks, credit cards: _____

Please note: Departments requesting permission to process payments must adhere to University Policy 3-200.1 Departmental Receipt of Funds available on the President's Website at <http://www.ucf.edu/president/policies.php>

FOR F & A USE ONLY:

Based on the information provided, permission is granted to this department to process payments on behalf of the University, effective _____.

Authorized Signature

Date