| PAYEE | University of Central Florida Foundation, Inc. | DATE |
|--|---|--|
| | PAYMENT REQUEST FORM | PREPARED BY (FULL NAME, ZIP + 4) |
| ADDRESS LINE 1 | | FOUNDATION PROJECT NAME |
| ADDRESS LINE 2 CITY, STATE & ZIP | TIME STAMP AREA PLEASE DO NOT TYPE IN OR COVER THIS AREA | |
| VENDOR FEID # or SSN# Last Four Digits Only, Required | For UCF employees, use Employee ID number | PROJECT ID Number (10 characters) TEL. EXT. |
| | DESCRIPTION | AMOUNT |
| Date the Goods or Services were received: Benefit to UCF/ Business Purpose (Requir | MonthYear | sor or Committee Representative |
| FOR FOUNDATION USE ONLY | | Total: |
| Account Number Amount | Approve <u>d</u> App | proved |
| | Approved App | UCF Foundation, Inc. |
| - | *Authorized Signer on Project *By signing above you are certifying that this expenditure procedures. | UCF Foundation, Inc. is in compliance with the Foundation's policies and |
| SEND: 1) Send this Payment Authorization wi 2) Original detailed invoices/receipts au 3) Reimbursement for entertainment m 4) All expenditure requests from any for vice provost's, provost's, or presiden 5) Refer to Foundation policies for add | all departments for UCF Foundation, Inc. disbursement th original signatures. (Photo copies are not acceptable) re required. For reimbursements must show proof of paymust show business purpose of the function and persons in a bundation account exceeding \$10,000 must have the appropart's signature or for athletics projects, the Director of Athletitional documentation needed. uite 140 Orlando, Fl 32826 or Campus Mail (zip + 4) 0045 | nent. Ittendance. priate vice president's, tics. |
| i | | Revised April 11, 2011 |