

PAYEE	University of Central Florida Foundation, Inc. PAYMENT REQUEST FORM	DATE
ADDRESS LINE 1 <hr/> ADDRESS LINE 2 <hr/> CITY, STATE & ZIP	TIME STAMP AREA PLEASE DO NOT TYPE IN OR COVER THIS AREA	PREPARED BY (FULL NAME, ZIP + 4)
VENDOR FEID # or SSN# Last Four Digits Only, Required	For UCF employees, use Employee ID number	FOUNDATION PROJECT NAME
		PROJECT ID Number (10 characters) TEL. EXT.

DESCRIPTION	AMOUNT
Description of Purchase/Reimbursement (Who, What, Where, When)	
Date the Goods or Services were received: _____ Month _____ Year	
Benefit to UCF/ Business Purpose (Required)	Total:

FOR FOUNDATION USE ONLY			
Account Number	Amount	Approved _____	Approved _____
-	-		UCF Foundation, Inc.
-	-	Approved _____	UCF Foundation, Inc.
-	-	*Authorized Signer on Project	UCF Foundation, Inc.
		*By signing above you are certifying that this expenditure is in compliance with the Foundation's policies and procedures.	

INSTRUCTIONS: This form is to be used by all departments for UCF Foundation, Inc. disbursements

- SEND: 1) Send this Payment Authorization with original signatures. (Photo copies are not acceptable)
- 2) Original detailed invoices/receipts are required. For reimbursements must show proof of payment.
- 3) Reimbursement for entertainment must show business purpose of the function and persons in attendance.
- 4) All expenditure requests from any foundation account exceeding \$10,000 must have the appropriate vice president's, vice provost's, provost's, or president's signature or for athletics projects, the Director of Athletics.
- 5) Refer to Foundation policies for additional documentation needed.
- 6) Send to 12424 Research Parkway, Suite 140 Orlando, FL 32826 or Campus Mail (zip + 4) 0045.

CHECK NUMBER