University of Central Florida Foundation. Inc.

PAYMENT AUTHORIZATION REQUEST FORM

PAYEE		DATE
ADDRESS LINE 1 ADDRESS LINE 2 CITY, STATE & ZIP	**TIME STAMP AREA** PLEASE DO NOT TYPE IN OR COVER THIS AREA	PREPARED BY (FULL NAME, ZIP + 4) FOUNDATION PROJECT NAME
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
Description of Purchase/Reimbursement (Who, What, Where, When)	
Date the Goods or Services were received: _____Month _____Year	
Benefit to UCF/ Business Purpose (Required)	
Total:	0.00

FOR FOUNDATION USE ONLY

Account Number	Amount
Total	$ 0.00

Approved _____ Approved _____
UCF Foundation, Inc.

Approved _____ Approved _____
*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

Revised July 25, 2011