

CONCESSION FUND REQUISITION FOR PAYMENT

Voucher ID or Expense Report ID _____

REIMBURSEMENT REQUEST FROM THE PRESIDENT'S CONCESSION FUND ALLOCATION OF:

Individual Responsible for the Allocation _____ Allocation Title _____

Prepared by Name _____ UFID _____ Address _____ Phone _____ Email _____

Description of Expenditure(s)	Amount

INCLUDE A LIST OF ATTENDEES / TITLES AS APPROPRIATE.

JUSTIFICATION OF EXPENDITURE AND BENEFIT TO THE UNIVERSITY OF FLORIDA:

I hereby certify that I have expended funds and received the above goods and/or services in accordance with the guidelines of the President's Concession Fund for the furtherance of higher education at the University of Florida.

Printed name & title of individual making expenditure _____ Signature of individual making expenditure _____ Date _____

APPROVAL:

Printed name & title of individual responsible for allocation _____ Signature of individual responsible for allocation _____ Date _____

Printed name & title of Supervisor (required only when Individual responsible for allocation is being reimbursed) _____ Signature of Supervisor _____ Date _____

Name of Vendor (as it should appear on check): _____

Remittance address: _____

Total amount of request: \$ _____

Chartfield: _____ Dept. ID _____ 192 Fund _____ 8900 Program _____ Account _____ 7404 Dept. Flex _____

Fax completed form and supporting documentation to: Fax Imaging - 352-846-1020
Instructions for fax imaging can be found at:
<http://fa.ufl.edu/uco/handbook/handbook.asp?doc=1.4.13.9>