

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 Fund Program Account 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>