

Payee Name: _____ SOF #: F _____ College/Dept: _____ Page _____ of _____

Date mm/dd/yyyy	<i>DESCRIPTION OF EXPENSE & BUSINESS PURPOSE</i> For entertainment, also identify guest(s) and location (city and state)	<i>LOCAL, OVERNIGHT OR DAY TRIP</i>	Entertainment #799600	Meeting #799630	Supplies #732100	Books & Subscriptions #791100	Other Expenses	TOTAL
Totals:								

CERTIFICATION OF EXPENSES:

I certify to the University of Florida Foundation that the above expenses are valid and for the benefit of the University of Florida. I also certify that reimbursement for these expenses is not being requested from another source.

Payee Signature: _____ Date: _____

Fund Administrator Signature: _____ Date: _____

Manager or VP Signature: _____ Date: _____

Total Expenditures: _____ **A**
 Prepayment Check # _____ : _____ **B**
 Date of Check _____
 Amount due employee (A>B): _____ **C**
 Amount due UFF (B>A): _____ **D**

NOTE: Original itemized and payment receipts are required for audit purposes. Please tape receipts to letter sized paper and submit with this form and an Employee Expense Report