

UNIVERSITY OF FLORIDA FOUNDATION, INC.
POST OFFICE BOX 14425
GAINESVILLE, FL 32604

EXPENSE CERTIFICATION (UFF-F)
SUBMIT TO:
UF FOUNDATION DISBURSEMENTS DEPARTMENT
392-9882

The original receipts are not submitted with the attached Disbursement Request Form (UFF-DR) or Travel Expense Report for the reason(s) stated below. I certify that these expenses were incurred by me on behalf of the University of Florida for the reason and purpose stated and that reimbursement will not be sought from another source.

ESTABLISHMENT OR VENDOR NAME	AMOUNT	PURPOSE OF EXPENDITURE	REASON FOR NOT SUBMITTING ORIGINAL RECEIPTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Payee's Name: _____

SOF #: _____

Payee's Signature: _____

Date: _____

NOTE: This form must be signed by the payee and be submitted with a Disbursement Request (UFF-DR) or Travel Expense Report.