

PAYMENT REQUEST

E-mail Address of Payee (required) _____

Payee Information

UFID# _____
Vendor or Employee Name _____
Department or Address _____

Comments/Special Instructions _____

Date of Birth and Name are required for all non UF Employees. Provide above

Payment Description: Purpose and Benefit to UF/State (Required)

Travel Reimbursements (attach additional form for daily travel activity if more than five days):

	Day 1	Day 2	Day 3	Day 4	Day 5	TOTAL
Dates of Travel						
Travel From (Location)						
Travel To (Location)						
Time of Departure						
Time of Return						
Auto: # Miles						
x Rate 44.5¢						
Airfare						
Lodging/Hotel						
Registration Fees						
Breakfast \$6.00						
Lunch \$11.00						
Dinner \$19.00						
Shuttle:Taxi/Bus/Train						
Car Rental/Fuel/Tolls						
Parking						
Other Travel Expenses						
Less prepaid items or advances (enter as a negative)						
Net Reimbursement Amount						

CHARGE TO:

Dean's Office Will Complete Deans Office Will Complete

Dept ID # or PDA	Fund	Dean's Office Will Complete		Source of Funds (n/a for Fund 101)	Deans Office Will Complete			Amount
		Prog	Acct		Budget Ref	Flex	Project (Grants)	

TOTAL _____

Person Submitting Request (print) _____ Date _____ Dean's Office Approval (LCA Only) _____ Date _____

Department Approver's Signature _____ Date _____ LCA Treasurer Approval (LCA Only) _____ Date _____

Please attach appropriate backup documents (receipts, invoices, conference agenda, etc.) and forward to the Dean's Office for Processing

Dean's Office Use Only:

Vendor # _____ Voucher # _____ Processed By: _____ Date: _____