

PAYEE [REDACTED]	
ADDRESS [REDACTED]	
[REDACTED]	
VENDOR FEID # (Required)	or SSN# Required
[REDACTED]	[REDACTED]

**University of Central Florida
Foundation, Inc.**
PAYMENT AUTHORIZATION
(Zip + 4) 0045

DATE [REDACTED]	
PREPARED BY (FULL NAME, ZIP + 4) [REDACTED]	
FOUNDATION ACCOUNT NAME [REDACTED]	
PROJECT ID Number	TEL. EXT.
[REDACTED]	[REDACTED]

DESCRIPTION	AMOUNT
Description of Purchase/Reimbursement (Who, What, Where, When) [REDACTED]	
Benefit to UCF/Business Purpose (Required) [REDACTED]	
Total:	0.00

FOR FOUNDATION USE ONLY	
Account Number	Amount
-	
-	-
-	-
-	-

Approved _____ Approved _____

UCF Foundation, Inc.

Approved _____ Approved _____

Dean or Vice President

UCF Foundation, Inc.

INSTRUCTIONS: This form is to be used by all departments for UCF Foundation, Inc. Disbursements

SEND: 1) Send this Payment Authorization with original signatures. (Photo copies are not acceptable)

2) Original detailed invoices/receipts are required. For reimbursements must show proof of payment.

3) Reimbursement for entertainment must show business purpose of the function and persons in attendance.

4) Dean's signature required on all Payments Authorizations (or V.P. if applicable).

5) Send to 12424 Research Parkway, Suite 140 Orlando, Fl 32826 or Campus Mail (zip + 4) 0045.

CHECK NUMBER