

UCF Foundation, Inc.

SHORT INVOICE QUICK REFERENCE SHEET

Follow these guidelines when preparing Payment Authorization Forms:

- 1 Payee**
The full name of the company or individual being paid for goods or services rendered.
- 2 Address**
Home Address of individual being reimbursed or business address of company being paid.
- 3 Vendor FEID# (Required)**
The **Federal ID number** of the company being paid or the **Social Security Number** of the individual reimbursed. This information must be provided for payment.
- 4 Date**
The date on which the Short Invoice is typed.
- 5 Prepared by**
The first and last name of the individual who prepares the short invoice. Include your departments +4 code as well.
- 6 Foundation Account Name**
The name of the Foundation Account from which funds will be drawn to pay the Short Invoice.
- 7 Foundation Account Number**
The eight-digit account number that indicates the account from which funds will be drawn to pay the Short Invoice.
- 8 Telephone Extension**
The telephone extension of the individual who prepared the Short Invoice.

- 9 Description**
A clear, descriptive statement in layman's language, of the expense being paid. If the description is lengthy, include additional information on an 8-1/2" x 11" sheet of paper.
- 9a. Justification**
You must include a justification for the expense that clearly defines who, what, where, when and why the expense was made.

Specifically for **entertainment** expenses, include this information: the amount of each expense; the time and place where the expense was made; the business purpose for the expense and the business relationship of the person entertained. For **interview** expenses, include the name of the person being interviewed and the position for which they are interviewing.
- 9b. Amount**
Total amount to be paid.
- 10 Signatures**
Every Short Invoice must have **two** signatures, one of which belongs to a dean or official designee. Reimbursements directly to UCF faculty and staff must be approved by the individual's immediate supervisor.

Payments from a dean's account that exceed \$2,500 must be approved by the Provost.

Please see the reverse side of this card for additional instructions. ⇨

PAYEE 1	University of Central Florida Foundation, Inc.	DATE 4
ADDRESS 2	PAYMENT AUTHORIZATION (ZIP+4) 0045	PREPARED BY (FULL NAME, ZIP +4) 5
2	TIME STAMP AREA PLEASE DO NOT TYPE IN OR COVER THIS AREA	FOUNDATION ACCOUNT NAME 6
VENDOR FEID # (required) 3	or SSN# (required) 3	ACCOUNT NUMBER 7 TEL. EXT. 8
DESCRIPTION		AMOUNT
JUSTIFICATION (required) 9a <div style="text-align: right;">Total</div>		9b
Object Code	Amount	Approved _____ 10
		Approved _____ 10
	<small>Dean/Director or V. P.</small>	Approved _____ 10
		<small>UCF Foundation, Inc.</small>
		Approved _____ 10
		<small>UCF Foundation, Inc.</small>