Foundation Reimbursement

Checklist

To expedite processing times please make sure the following items are included:

On the Payment Authorization Request Form (aka Short Invoice):	
	Payee – Full name and address. If payee is a company, fill in Vender FEID#. An original W-9 must be on file, if not please attach one to the invoice. If payee is an employee/student fill in PID only. SSN # should only be used for non UCF employees/students.
	List of attendees – Include names, titles, company, affiliation w/UCF. - Spousal meals will not be reimbursed unless a business purpose for their attendance is stated.
	Candidate Interviews – Provide position they are applying for. Include itinerary or agenda.
	Description – Clearly state who (attendees), what, where and when.
	Provide date when items or services were received. Foundation will not pre-pay.
	List all expenditures separately.
	Justification – Detailed description of the benefit to UCF. - General statements such as "to discuss new ideas" or "to enhance or support a program" are not acceptable. Provide a brief description of the exact discussion.
	Signature of the Chair of the department. - If the Chair is being reimbursed leave signature line blank.

Attac	hed to the Payment Authorization Request Form:
_	One (1) Payment Authroization Request Form (the original). - Please do not provide a second copy. Copies will be made after the Dean has signed the form.
	Original itemized receipt/invoice attached to 8 ½ x 11 sheet of paper.
	 Faxes, copies, statements and quotes are not acceptable.
_	One (1) copy of the receipt
	Two (2) copies of the flyer, agenda, or announcement of the event. - Memos/emails describing the event after the fact are not acceptable.
	The receipt must clearly show a payment or "0" balance. - If it is not clear from the receipt a payment was made (Pizza receipts commonly do not show this) a proof of payment form or credit card statement must be included.
	DO NOT USE STAPLES!!!

Please send all invoices to COS Dean's Office COS +1997