

WFREC

revised 3/14/02

SHARE Reimbursement/Disbursement Request

Attach the **original** invoice
to the back of form

FACULTY/SUPERV SIGN _____

DATE: _____

SS/VENDOR ID# _____

PAYEE/VENDOR NAME & ADDRESS:

Benefit to UF	UNIT PRICE	TOTAL

GRAND TOTAL

ORIGINAL TO FISCAL OFFICE