

# WFREC Reimbursement / Disbursement Request

Faculty / Supervisor Sign: \_\_\_\_\_

Today's Date

Attach Original receipt to the back of form.

If Food was Purchased for an event please include a list of attendees.

UF ID Number / Vendor Number

Payee Name

Address

City

State

Zip Code

## Purpose & Benefit to the University / State

Unit Price

Total

Grand Total

### PLEASE NOTE:

**For Reimbursements you are the payee. For purchases such as food please use the vendor as Payee.**

**Faculty / Supervisor must sign!**

**List of Attendees Required for Food purchases.**

**TURN FORM AND RECEIPTS IN TO THE ACCOUNTING DEPARTMENT**