

Office of Research Purchase/Reimbursement Request

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| Request Date: | Date Needed: |
| Name of Person Making Request: | Telephone: |
| Payee/Vendor Name: | |

| Quantity | Item# | Description | Price Each | Subtotal |
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| Total: | | | | |

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| <p>Justification/Purpose:</p> <p>TA# (Required for Registration Payments):</p> |
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If this request includes **entertainment** expenditures (such as food for meetings), you **must** list **all attendees, the topic of discussion, date, relationship** of each individual to the research project, and include an **itemized receipt**. Due to IRS regulations, please be as specific as possible. UF reserves the right to reject any expenditure that would jeopardize its tax-exempt status or that is deemed to be unreasonable or outside the scope of research.

Please attach any additional information, such as price quote from vendor or item description. Original receipts are required for reimbursement.

Supervisor's Approval (Required) _____

IT Approval (Required if IT Equipment or Software): _____

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| <p>For UF Business Office use only:</p> <p>Vendor #: _____ BO Approval: _____ Date: _____</p> <p>Dept. ID: _____ GL Account: _____ Fund: _____ Source of Funds: _____</p> <p>Program: _____ Dept. Flex: _____ Project: _____</p> |
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