

UNIVERSITY OF FLORIDA RESEARCH FOUNDATION INC.

Box 115500, Campus
(352) 392-5221

EXPENSE CERTIFICATION (X-1)

EXPENDITURE DETAIL:

Vendor: _____	Vendor #: _____
Amount: _____	Project #: _____
Date: _____	
Purpose: _____	

JUSTIFICATION (reason original receipt is not available):

I certify that the original receipt for this expenditure is not available and that this expenditure was directly related to the project indicated. Additionally, department records show that this expenditure had not been previously reimbursed by UFRF or another source

Authorized Signature: _____ **Date:** _____

(Payee, PI, or PI designee)

The Payee, PI, or the PI designee must sign this form and submit it with the Disbursement Request for payment.