

# UCF RESEARCH FOUNDATION, INC

## DISBURSEMENT REQUEST (D-1)

*This form is to be used for ALL payables.*

Date: _____	Project #: _____ <small>(If internal to ORC, please provide department name)</small>
Principal Investigator (PI): _____	
Project Name: _____	
Check Payable To: _____	
Remittance Address: _____ _____	
Amount: _____	

UCFRF reserves the right to reject any expenditures that would jeopardize its tax-exempt status or that are deemed to be unreasonable or outside the scope of research.

- New Individual Vendor W-9 (W-9 form must be faxed, not emailed)  
 New Company Vendor W-9 (W-9 can be emailed)

**Do not mail. Will pick up.** \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
(If the payee is UCF, please provide project/department number and account code to be credited.)

Prepared By: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### APPROVALS

*By signing below, I certify that the expenses claimed herein are appropriate and authorized in accordance with the purpose of the account being charged. In addition, I certify that the above expenses have not and will not be reimbursed by any other organization or party.*

Principal Investigator (Signature Required for all payments)	Date	Printed Name/Title
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Chair, Dean, Director, or VP Approval (Signature Required when payment is to PI and/or disbursement exceeds \$25,000)	Date	Printed Name/Title
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Traveler – (for travel & entertainment only) (Signature Required if different than PI)	Date	Printed Name/Title
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- Notes:**
- 1) If you are traveling to attend a meeting or seminar, a copy of the **program agenda** must be included.
  - 2) If this request is for an advance of funds, receipts must be submitted to UCFRF within 10 business days of the travel expenditures. Failure to provide timely receipts will result in the issuance of a 1099-MISC to the traveler at year-end.
  - 3) Original receipts are preferred, but copies are acceptable. Please tape receipts to a piece of paper and attach to this form. Please do not cover the ink on the receipt with the tape. **Itemized/detailed restaurant receipts are needed for meal reimbursements.** See UCF RF Business Manual for allowable meal limits.
  - 4) If contract/vendor agreement exists for the expenditure being authorized, please ensure the:
    - a) Agreement is between UCF Research Foundation (not UCF) and contractor/vendor.
    - b) General Counsel's office has reviewed and approved it.
    - c) Agreement is signed by a UCF Research Foundation authorized representative and **NOT** the PI.
    - d) A copy of the executed contract/vendor agreement, showing General Counsel approval, is attached to this form.
  - 5) If C&G funding, pre-expenditure approval by the ORC contract staff **MUST** be attached for **ALL** foreign travel; as well as any domestic travel exceeding \$2,000 per traveler.

*Please note that all of these conditions must be met and on file with the UCF Research Foundation before any payment can be processed.*

FOR UCF RF USE ONLY

UCF RF Office Approval: \_\_\_\_\_

Vendor ID#: \_\_\_\_\_ Department/Project #: \_\_\_\_\_ Account Code: \_\_\_\_\_

