

UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.

12201 Research Parkway, Suite 501

(407) 823-5278

EXPENSE CERTIFICATION (X-1)

EXPENDITURE DETAIL:

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

JUSTIFICATION (reason original receipt is not available):

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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 has not been previously reimbursed by UCFRF 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.