UNIVERSITY OF CENTRAL FLORIDA

EXPENSE REQUEST FORM
SSWB Finance Business Center

Employee/Initiator Name and Organization Name (RSO)	**Date**
Location	**Phone #**
Address **City/St/Zip**	**Purchase Type:** Expense Card ◯ Requisition ◯ Change Order ◯
Email	Reimbursement (not travel) ◯

DEPARTMENTAL BUDGET DETAILS

Cost Center #	
Fund	Select One
Program	Select One
Gift (id is same as foundation no)	
Division	Select One

SUPPLIER INFORMATION

Supplier Name/Number
Supplier Phone Number
Supplier Email
Supplier Address

PURCHASE DETAILS

Item Description	Product/SKU/ UPC	Quantity	Price	Total
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
			ORDER TOTAL	$ 0.00

QUOTE THRESHOLD

Under $25k ◯ **$25,000.01-$75k (2 informal quotes)** ◯ **$75,000.01-$150k (3 formal quotes)** ◯ **$150,000.01k and up** ◯
(Requires formal bid process)

Exemption ◯ **Sole Source** ◯ **Invitational to Bid (ITB)** ◯

Quote 1 - Supplier Name		**Quote Amount**	
Quote 2 - Supplier Name		**Quote Amount**	
Quote 3 - Supplier Name		**Quote Amount**	

BENEFIT TO UNIVERSITY OR STUDENT BODY

JUSTIFICATION OF PURCHASE

ASF Entities Only

FAO or Senate Bill #		**Activity ID**	Select One
Budget Line #		**Event Date**	
Event Location			

Print Name	1st Authorized Signature	Print Name	2nd Authorized Signature

Print Advisor Name*	Advisor Signature*

**If applicable*

****All necessary and required documents must be attached for timely and accurate processing****