

Purchase Requisition / Expense Reimbursement / Vendor Payment Request

Date requested: _____

Requested by: _____

Requested for: _____

Priority: Urgent Routine

Preferred vendor: _____
Provide vendor ID if known

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Fax: _____

Contact: _____

Cost Accounting Unit select the appropriate unit
UF Health Shands Hospital
7779 Main Department
7773 Radiosurgery
Gainesville (1038 or 29200100)
Admin/Department Business
MD
Housestaff
Research Office
Seminar
Biology (103808 or 29200700)
Office
Lab
Physics (103806 or 29200600)
Physics
Grant Funds
Grant ID#:
Proton Therapy (103807 or 29200500)
MD
Physics
Other

NOTES:

1. Original receipts must be attached for reimbursement or vendor payment requests.
2. For personal reimbursement - on the "Preferred vendor" line, include name and employee ID, for Shands employees, or UF ID, for UF employees.

Item & Description	Quantity	Unit Price	Extension Price

Business purpose*: _____
 *For food/entertainment purposes, please include a list of event attendees.

Approved: _____
 To be approved by Dr. Paul Okunieff, Leslie McElvey, or Enzo Centofanti

Date: _____

Date received: _____ **Initials:** _____