

INVOICE NUMBER

Please check one:

Mail payment to address listed below

Call _____ (name) at _____ for pick up.

THE UNIVERSITY OF NORTH FLORIDA DIRECT PAY INVOICE

(Must be accompanied by vendor's original invoice or an itemized receipt of purchase)

PAYEE'S NAME: **Request Date:**

ADDRESS:
(Must be completed)

CITY: **STATE:** **ZIP:**

FEDERAL ID: **OR SOCIAL SECURITY NUMBER:**

ACCOUNT NO.	DESCRIPTION	OBJECT CODE	AMOUNT

TOTAL:

***This purchase served the interests of higher education as follows:**

1. Nature of Event *(for concession funds only,* _____

2. Date of Event *(for concession funds only,* _____

3. Location of Event *(for concession funds only,* _____

4. Number of Participants *(for concession funds only,* _____ *(if less than 20 individuals, please attach a list of names)*

5. Description of the Group *(for concession funds only,* _____

Requesting Department:

Authorized Signature

Printed Name:

* For Concession funds, expenses must be incurred in furtherance of University affairs, be necessary, appropriate to the occasion, reasonable in amount, serve a bona fide University purpose, and be in compliance with Florida Statute 1011.91, Attorney General's Opinion NO. 072-193, Adopte Chancellor's Memorandum 76-33.2, and the UNF Concession Fund procedure.