|  |                                 |                              |  |                           |          | EXPENSE REQUEST FORM SDES Finance Business Center |                                 |                         |  |
|--|---------------------------------|------------------------------|--|---------------------------|----------|---|---------------------------------|-------------------------|--|
| Employee/Initiator Name and                          |                                 |                              |  |                           |          | Da  | nte                             |                         |  |
| Organization Name (RSO) Location                     |                                 |                              |  |                           | Pł       | none #  |                                 |                         |  |
| Address  |                                 |                              |  |                           |          |   |                                 |                         |  |
| Purch<br>City/St/Zip                                 |                                 |                              | se Type: Expense<br>Card               |                           |          | Requisition                                       |                                 | Change<br>Order         |  |
| Email  |                                 |                              |  |                           |          | Poimhursor  | ment (not tra                   | wal)                    |  |
|  | NTAL BUDGET DETAILS             |                              |  |                           |          |   | FORMATION                       | -                       |  |
| Cost Center #  |                                 |                              | Supplier Name/Number                   |                           |          |   |                                 |                         |  |
| Legacy Department (People Soft #                     | <u> </u>                        |                              |  | Phone Nur                 |          |   |                                 |                         |  |
| Fund   | Supplie                         |                              |  | <b>Email</b>              |          |   |                                 |                         |  |
|  |                                 | Supplier Addı  Has the suppl |  |                           | on       |   | . If No. the                    | supplier must go to the |  |
| Program  C:ft (ID is the same as Foundation number)  |                                 |                              | WorkDay?                               |                           |          | Prospective Supplier Portal                       |                                 |                         |  |
| Gift (ID is the same as Foundation number)  Division |                                 |                              | State Contract?  State Contract Number |                           |          | Yes   | No Don't                        | Know                    |  |
| DIVISION   |                                 |                              | and Expi                               | ration Date               |          |   |                                 |                         |  |
|  | em Description                  | HASE DE                      | TAILS                                  | Product                   |          | Quantity  | Price                           | Total                   |  |
| item Description                                     |                                 |                              |  | UP                        | <u>C</u> |   | 11100                           | 1 0 00.1                |  |
|  |                                 |                              |  |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          | <u> </u><br>OF                                    | RDER TOTAL                      |                         |  |
|  |                                 | ОТЕ ТШР                      | ESHOLD                                 |                           |          | O.  | WEN TOTAL                       |                         |  |
| Undon \$10k \$10,000,01                              |                                 |                              |  |                           |          |   | \$7E 000 01                     | k and un                |  |
| Under \$10k \$10,000.01                              | 1-\$35k (2 informal quotes) \$3 | 5,000.01                     | L-\$75k (3 f                           | rormai qu                 | -        |   | \$75,000.01<br>(Requires formal |                         |  |
| Exemption Sole Source                                |                                 |                              |  | Invitational to Bid (ITB) |          |   |                                 |                         |  |
| Quote 1 - Supplier Name                              |                                 |                              |  |                           | Ouo      | te Amount   |                                 |                         |  |
| Quote 2 - Supplier Name                              |                                 |                              |  | Quote Amount              |          |   |                                 |                         |  |
| Quote 3 - Supplier Name                              |                                 |                              |  | Quote Amount              |          |   |                                 |                         |  |
| Quote o ouppiici itaiiic                             | DENIETT TO LIK                  | IIV/EDCIT                    | V OD CTU                               | DENT DOE                  |          |   |                                 |                         |  |
|  | BENEFIT TO UN                   | VIVERSII                     | T UK STUI                              | DEINT BOL                 | 7 1      |   |                                 |                         |  |
|  |                                 | TION OF                      | DUDCUA                                 | CE CE                     |          |   |                                 |                         |  |
|  | JUSTIFICA                       | TION OF                      | PURCHA                                 | <u>SE</u>                 |          |   |                                 |                         |  |
| ACE Entition Only                                    |                                 |                              |  |                           |          |   |                                 |                         |  |
| ASF Entities Only                                    | FAO or Senate Bill #            | # Activity ID                |  |                           |          |   |                                 |                         |  |
|  | <b>Event Date</b>               |                              | <b>Event Lo</b>                        | cation                    |          |   |                                 |                         |  |
| Print Name   | 1st Authorized Signature        |                              | Print Name 2nd Authorized Signature    |                           |          |   |                                 |                         |  |
|  |                                 |                              |  |                           |          |   |                                 | <b>3</b>                |  |
|  | Advisor Name                    | Advisor Signature            |  |                           |          |   |                                 |                         |  |

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

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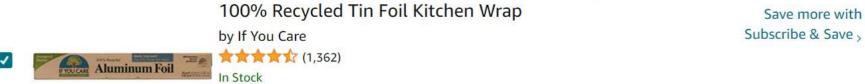
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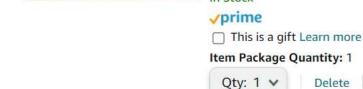
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FOCUSLINE 300 Piece Compostable Paper Plates Set (Quantity – 10)

https://www.amazon.com/FOCUSLINE-Piece-Compostable-Paper-Plates/dp/B0856RHFK9/ref=sr\_1\_2?keywords=focusline+300+piece+compostable&qid=1638975505&sr=8-2

Zebra Pen Z-Grip Retractable Ballpoint Pen, Medium Point, 1.0mm, Black Ink, 24 Pack (Packaging may vary) (Quantity – 13)

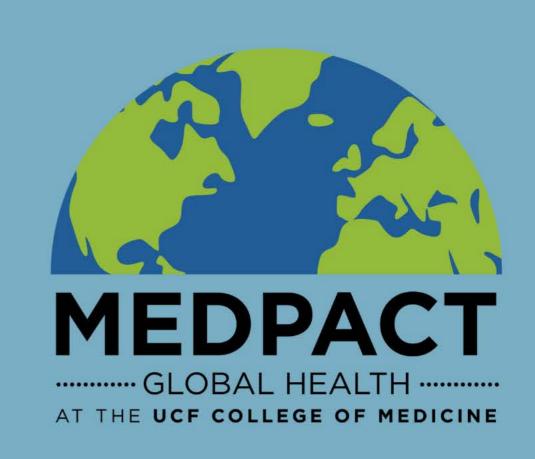
https://www.amazon.com/gp/product/B001BZ6ZN4/ref=ox\_sc\_act\_title\_1?smid=ATVPDKIKX0DER&th=1

Taylors of Harrogate Assorted Specialty Teas Box, 48 count (Pack of 1) (Quantity – 2)

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