

**EXPENSE REQUEST FORM**  
**SDES Finance Business Center**

|   |      |
|---|------|
| Employee/Initiator Name<br>and<br>Organization Name (RSO) | Date |
|---|------|

|          |         |
|----------|---------|
| Location | Phone # |
|----------|---------|

|                        |                |              |             |              |
|------------------------|----------------|--------------|-------------|--------------|
| Address<br>City/St/Zip | Purchase Type: | Expense Card | Requisition | Change Order |
|------------------------|----------------|--------------|-------------|--------------|

|       |                            |
|-------|----------------------------|
| Email | Reimbursement (not travel) |
|-------|----------------------------|

| DEPARTMENTAL BUDGET DETAILS                |  | SUPPLIER INFORMATION                      |  |    |
|--|--|---|--|----|
| Cost Center #                              |  | Supplier Name/Number                      |  |    |
| Legacy Department (People Soft #)          |  | Supplier Phone Number                     |  |    |
| Fund                                       |  | Supplier Email                            |  |    |
| Program                                    |  | Supplier Address                          |  |    |
| Gift (ID is the same as Foundation number) |  | Has the supplier been added to WorkDay?   | Yes  | No |
| Division                                   |  | State Contract?                           | Yes  | No |
|  |  | State Contract Number and Expiration Date | Don't Know   |    |
|  |  |   | If No, the supplier must go to the Prospective Supplier Portal |    |

| PURCHASE DETAILS   |                 |          |       |       |
|--------------------|-----------------|----------|-------|-------|
| Item Description   | Product/SKU/UPC | Quantity | Price | Total |
|                    |                 |          |       |       |
|                    |                 |          |       |       |
|                    |                 |          |       |       |
|                    |                 |          |       |       |
|                    |                 |          |       |       |
|                    |                 |          |       |       |
|                    |                 |          |       |       |
|                    |                 |          |       |       |
| <b>ORDER TOTAL</b> |                 |          |       |       |

| QUOTE THRESHOLD |                                       |                                     |   |
|-----------------|---------------------------------------|-------------------------------------|---|
| Under \$10k     | \$10,000.01-\$35k (2 informal quotes) | \$35,000.01-\$75k (3 formal quotes) | \$75,000.01k and up<br><small>(Requires formal bid process)</small> |
| 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**

|               |                      |                |  |
|---------------|----------------------|----------------|--|
| Budget Line # | FAO or Senate Bill # | Activity ID    |  |
|               | Event Date           | Event Location |  |

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

Advisor Name                      Advisor Signature

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



## Your Publix Catering quote is ready

Catering.0886@publix.com <Catering.0886@publix.com>

Mon, Feb 21, 2022 at 6:30 PM

T

Updated invoice.

Thank you,  
Sonia

# Customer Quote



CORNERSTONE AT LAKE HART  
10615 NARCOOSSEE ROAD  
ORLANDO, FL



Phone: 1-833-PCATERS (1-833-722-8377), (833) 722-8377 Email:  
Catering.0886@publix.com

### Customer Details

Customer Name : Sarah H.  
Phone Number :  
Email :

### Event Details

Event ID :  
Event Name : Hay- ISP  
Event Placed By : Sonia Freire  
Delivery Date & Time :  
03/08/2022 4:30 PM  
Delivery Address : UCF COM  
Orlando, FL 32827

| Quantity | Item Description                              | Price | Amount | Ordered Online | Paid Online | Special Instructions                      |
|----------|---|-------|--------|----------------|-------------|---|
| 1        | Bakery  | 16.99 | 16.99  | N              | N           | One Medium Gourmet Cookie Bites- Assorted |
| 1        | Boar's Head Mediterranean Naan Platter, Large | 35.99 | 35.99  | N              | N           |   |
| 1        | Publix Deli Caprese Salad Platter Medium      | 44.99 | 44.99  | N              | N           |   |
| 1        | Publix Entertaining Dinnerware Combo          | 2.79  | 2.79   | N              | N           |   |
| 1        | Boar's Head Classic Slider Trio, Large        | 69.99 | 69.99  | N              | N           |   |

#### Extras

Include Mayo Packets  
Include Mustard Packets

**Estimated Balance Due \$170.75**

\*Prices may vary slightly from this page. Estimated Balance Due does not include tax.

Let's talk about inclusive health

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JOIN US FOR A PANEL ON  
HEALTHCARE FOR PERSONS WITH  
INTELLECTUAL AND DEVELOPMENTAL  
DISABILITIES (IDD), FEATURING  
**SPECIAL OLYMPICS FLORIDA HEALTH  
MESSENGERS** AND PHYSICIANS



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**TUES MARCH 8, 6-7 PM**  
**COM 102**

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Presented by SIAM, ADDMD, and SIGN  
In partnership with **Special Olympics Florida**

\*There will be food!

