USF RESEARCH FOUNDATION, INC.

University of South Florida

Operating Unit	Dept	Fund	Product	Initiative	Project	Account

If check request is for food or entertainment, provide the date, place and purpose of event as it relates to project. Also provide the number of people attending and their relationship to the research / educational project.

It is the responsibility of the initiator to obtain all required approvals in the area provided below. By signing below, I certify that this expenditure has been used for the research related purposes described above and directly supports the research/educational mission of the project.

Initiator Phone

Authorized Signature Phone

Dean / Director Signature (if required)

**Expenditures in excess of $199 for community/professional relations, public relations or similar activities require signature of payee's supervisor.*

Forward the original and one copy of this form, and the original and one copy of the invoice/receipt to the USF Research Foundation, 3802 Spectrum Blvd., Suite 100, Tampa, FL 33612-9220; or campus mail code: 30338 USF Holly Drive.