

**COLLEGE OF HEALTH & HUMAN PERFORMANCE**  
**Health Education Behavior**  
**PURCHASING / PAYMENT FORM**

Select one: Check Request / P-Card / Purchase Order / Unencumbered

Voucher: \_\_\_\_\_

(To be completed by Purchaser)

Approver Signature: \_\_\_\_\_

Date of Purchase:	Purchaser:
Name of Person Requesting Purchase:	Signature of Purchaser:
Vendor:	Amount: \$
Business Purpose ( <u>Reason for purchase, not description of item</u> ):	

If description on receipt **is not clear**, please **provide additional descriptions below**.

ChartField (Reconciler to enter/verify)

260			CRRNT / CYFWD				
260			CRRNT / CYFWD				
Dept. ID	Fund	Program	Bud Ref	Flex	SOF	Project	Account Code

**If payments made from UF Foundation Funds, a signed UFF-PA form is required.**  
**When purchasing food, a list of attendees is required.**  
**Tape receipt below or separately on another page if necessary.**