Payment Request—Misc. (Non-Payroll)

		Payme	nt Requ	<u>est –</u>	<u>-IVIISC.</u>	(Noi	<u>า-Payrol</u>	Form U5-8	(01/2001)	
MAKE PAYABLE TO: Last Name, First, MI. Mailing Address					SPECIAL HANDLING () PU: Call extension LESS () CASH ADVANCE () FX WIRE/DRAFT NET					
					CARD HOLDER name if CC bank payment			PO Ref No		
DEPARTMENT NAME			DATE REQUESTED		Approver's \$ delegation for honoral		on	DEPT Ref No		
NAME OF BUDGET TO BE CHARGED				PREPARED BY			EXT.	ACCOUNTING USE ON	LY	
Loc	Account	Fund S	S Obj Code	Cost Centi	Cost Typ	е	Project	AMOUNT		
							,			
MANE	ATORY DISC	LOSURE FOR	R ALL TAX REPO	RTABLE	PAYMENTS	*	or, attach Multiple	Distribution Coding	Block	
Yes No Answer ALL lines. If "Yes" to any question, see "Form-5" Payment Request Instructions** () () UC Employee? If "Yes", provide justification for non-payroll treatment. () () UCSB Student? If "Yes", () undergraduate? or () graduate? or () non-degree candidate? () () Independent Service Provider/Consultant? If "Yes", () individual/partnership? or () incorporated entity? () () California Nonresident? If "Yes", is work performed in California? () Yes, () No () () Nonresident Aliens? If "Yes", is work performed in US? () Yes, () No										
Taxpayer ID Number SSN or EIN				ITIN	(Nonresident alien not eligible for SSN must provide an ITIN to receive benefit of any applicable tax treaty)					
Provide home address if different from mailing address: *Not needed for reimbursable business expense (non-service, non-taxable general expense) and payments to certain vendor types—see instructions. **Additional tax forms and tax withholding may be required. Click here for Federal Privacy Act and California State Information Act notices.										
PAYMENT TYPE: () reimbursement, () honorarium, () student award/grant/support, () non-student support, () independent personal service/consulting, () rent, royalty, () settlement, () advance/other, described below IN PAYMENT OF: substantiate (invoice, receipt, announcement, correspondence) and explain business purpose/reason:										
APPROVED BY Authorized signer					ADDITIONAL A Authorized sign					

COPIES NEEDED (ACCOUNTING WILL RETURN NON-CONFORMING REQUESTS):

Title

Print Name

PAYMENT REQUEST: ORIGINAL and 2 copies to Accounting (or see print instructions on copies). Only "ORIGINAL" needs to be signed.

Print Name

Date

Title

- ENCLOSURE (CONTRACT, ORDER) TO BE SENT WITH PAYMENT: 2 copies to Accounting: one for the payee and one for the files.
- OTHER SUBSTANTIATING SUPPORT (invoice, receipt, etc.): original to Accounting for the files.

Date

ORIGINAL—TO ACCOUNTING

Payme	nt Requ	est-	· WIISC.	(Nor	า-Payroi	Form U5-8(01/2001)		
MAKE PAYABLE TO: Last Name, First, MI. Mailing Address			SPECIAL HANDLING () PU: Call extension () CASH ADVANCE		AMOUNT			
			() FX WIRE	/DRAFT	NET			
			CARD HOLDE	ER name if (CC bank payment	PO Ref No		
DEPARTMENT NAME DATE REQUESTED			Approver's \$ delegation for honoraria			DEPT Ref No		
NAME OF BUDGET TO BE CHARGED	PREPARED BY EXT.			ACCOUNTING USE ONLY				
PAYMENT TYPE: () reimbursement, () honorarium, () student award/grant/support, () non-student support, () independent personal service/consulting, () rent, royalty, () settlement, () advance/other, described below IN PAYMENT OF: substantiate (invoice, receipt, announcement, correspondence) and explain business purpose/reason:								

PAYEE'S COPY

- (X) check or direct deposit notification enclosed
- () contract or other requisition document enclosed

ALWAYS PRINT AND SEND TO ACCOUNTING WITH ORIGINAL

nt Reque	est—Misc.	(Non-Payro	Form U5-8(01/2001)						
I. Mailing Address	() PU: Call 6	SPECIAL HANDLING () PU: Call extension LESS () CASH ADVANCE () FX WIRE/DRAFT NET							
	CARD HOLDE	R name if CC bank paymer	nt PO Ref No						
DATE REQUESTED		Approver's \$ delegation for honoraria	DEPT Ref No						
F	PREPARED BY	EXT.	ACCOUNTING USE ONLY						
Obj Code C	Cost Centr Cost Typ	e Project	AMOUNT						
MANDATORY DISCLOSURE FOR ALL TAX REPORTABLE PAYMENTS* or, attach Multiple Distribution Coding Block									
Yes No Answer ALL lines. If "Yes" to any question, see "Form-5" Payment Request Instructions** () () UC Employee? If "Yes", provide justification for non-payroll treatment. () () UCSB Student? If "Yes", () undergraduate? or () graduate? or () non-degree candidate? () () Independent Service Provider/Consultant? If "Yes", () individual/partnership? or () incorporated entity? () () California Nonresident? If "Yes", is work performed in California? () Yes, () No () () Nonresident Aliens? If "Yes", is work performed in US? () Yes, () No									
	ITIN	resident alien not eligible for must provide an ITIN to receive it of any applicable tax treaty)							
PAYMENT TYPE: () reimbursement, () honorarium, () student award/grant/support, () non-student support, () independent personal service/consulting, () rent, royalty, () settlement, () advance/other, described below IN PAYMENT OF: substantiate (invoice, receipt, announcement, correspondence) and explain business purpose/reason:									
	DATE REQUESTED ALL TAX REPOFES" to any question provide justification, you will not provide justification to justification, you will not provide justification to justification	PREPARED BY Obj Code Cost Centr Cost Type ALL TAX REPORTABLE PAYMENTS es" to any question, see "Form-5" Paymer, provide justification for non-payroll treation, yer of the content of t	CARD HOLDER name if CC bank payment Approver's \$ delegation for honoraria PREPARED BY						

TAX REPORTING COPY: Send to Accounting with Original

PRINT FOR ALL TAX REPORTABLE PAYMENTS

	Payme	<u>nt Requ</u>	<u>est –</u>	-Misc.	(Nor	า-Payrol	Form U5-8(01/2001)
MAKE PAYABLE TO: L	SPECIAL HANDLING () PU: Call extension LESS () CASH ADVANCE () FX WIRE/DRAFT CARD HOLDER name if CC bank paymen			PO Ref No			
DEPARTMENT NAME		DATE REQUESTED		Approv \$ deleg for hon		on	DEPT Ref No
NAME OF BUDGET TO	BE CHARGED		PREPARE	D BY		EXT.	ACCOUNTING USE ONLY
Loc Account	Fund S	Obj Code	Cost Centi	Cost Typ	oe	Project	AMOUNT
MANDATORY DISC	LOSURE FOR	ALL TAX REPO	RTABLE	PAYMENTS	S*	or, attach Multiple	Distribution Coding Block
() () UC Emp () () UCSB S () () Indepen () () Californ () () Nonresi Taxpayer ID Number Provide ho different from ma	loyee? If "Yes" tudent? If "Yes dent Service P ia Nonresiden dent Aliens? If or EIN me address if iling address:	t? If "Yes", is work	tion for no duate? or nt? If "Yes k perform erformed i ITIN	on-payroll trea () graduat ", () indivi ed in Californ n US? () Y	atment. e? or () dual/part nia? () \ es, () \	non-degree ca nership? or (/es, () No o (Nonresi SSN mu benefit o	andidate?) incorporated entity? ident alien not eligible for list provide an ITIN to receive of any applicable tax treaty)
*Not needed for reimburs **Additional tax forms an							or types—see instructions. ttion Act notices.
	nt personal serv	vice/consulting, () rent, ro	yalty, () set	tlement,	() advance/oth	student support, ner, described below ness purpose/reason:
APPROVED BY	ADDITIONAL APPROVAL BY						

OPTIONAL DEPARTMENT COPY

Date

Authorized signer

Title

Authorized signer

Title

Date

PRINT AS NEEDED BY DEPARTMENT