Reset Form

MEMBERSHIP Form-5

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
ACCOUNTING SERVICES & CONTROLS

Payment Request: Memberships

Form U5-8MEM(03/00)

MAKE PAYABLE TO: LAST NAME, FIRST, etc. MAILING ADDRESS	AMOUNT (◯) Vendor ID (◯) Employee ID (◯) Perm No.

DEPARTMENT NAME	DATE REQUESTED	* LVPA	Optional Control No.
NAME OF BUDGET TO BE CHARGED	PREPARED BY EXT.	Approver's $ delegation for memberships	Accounting only

L	-- Account--	Fund	S	Obj Code	Cost Centr	Cost Type	Project	AMOUNT	T/C

* Memberships to secure periodicals only: with reference to a valid low value purchase authorization, the above coding block may be left blank. Subscriptions involving no membership approval are not appropriate for this form; pay off invoice or regular Form-5.

IN PAYMENT OF MEMBERSHIPS TO ORGANIZATIONS OR TO SECURE PERIODICALS.

Departmental memberships in the UCSB Faculty Club may only be used for official departmental business. Memberships in social organizations (e.g., business, athletic, social, luncheon, sporting, airport, and hotel clubs) require written approval from the Chancellor.

Membership to (name of organization): _____

for (individual or department/program): _____

Category: (☐) organizational/accrediting, (☐) professional/scholarly, (☐) community, (☐) other _____

Benefit to UCSB: _____

List other UCSB members: _____

Effective dates: From _____ To _____

(☐) **NEW MEMBERSHIP:** ADDITIONAL APPROVAL is required for amounts that exceed the delegated authority of the approving official.

(☐) **RENEWAL MEMBERSHIP:** If the ADDITIONAL APPROVAL obtained on a previous membership request is valid for subsequent renewals, and the only change is the effective dates, attach a copy of the previously approved payment request. Otherwise, follow procedures to obtain a new membership.

(☐) **TO SECURE PERIODICAL,** titled: _____

Effective dates: From _____ To _____

PERIODICAL DELIVERY INFORMATION:
Provide only if no offer or renewal notice is available for enclosure.

Member _____
University of California Santa Barbara
Program _____
Department _____
City, ST, Zip _____

APPROVED BY	ADDITIONAL APPROVAL BY Valid for subsequent renewals? ( ) YES ( ) NO
_____ _____ Approver with membership delegation Date	_____ _____ Control Point Date

ENCLOSURES: Accounting will send payment and enclosures directly to the payee. Enclose COMPLETED and SIGNED original of any acceptance form (offer, renewal notice, or invoice) for transmittal with payment. Please provide a copy for Accounting's files.

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IN PAYMENT OF MEMBERSHIPS TO ORGANIZATIONS OR TO SECURE PERIODICALS.

Membership to (name of organization): _____

for (individual or department/program): _____

Effective dates: From _____ To _____

( ) NEW MEMBERSHIP

( ) RENEWAL MEMBERSHIP

( ) TO SECURE PERIODICAL, titled: _____

Effective dates: From _____ To _____

PERIODICAL DELIVERY INFORMATION:
Provide only if no offer or renewal notice is available for enclosure.

Member _____

University of California Santa Barbara

Program _____

Department _____

City, ST, Zip _____

Remittance copy (submit this page to Accounting with the signed original)

To Payee: ( ) application or acceptance form (offer, renewal notice, or invoice) is enclosed, or

( ) fulfill membership request per above information