

**UNIVERSITY OF CALIFORNIA, SANTA BARBARA
ACCOUNTING SERVICES & CONTROLS**

Payment Request—Misc. (Non-Payroll)

Form U5-8(01/2001)

MAKE PAYABLE TO: Last Name, First, MI. Mailing Address	SPECIAL HANDLING <input type="checkbox"/> PU: Call extension <input type="checkbox"/> CASH ADVANCE <input type="checkbox"/> FX WIRE/DRAFT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">AMOUNT</td> </tr> <tr> <td style="text-align: center;">LESS</td> </tr> <tr> <td style="text-align: center;">NET</td> </tr> </table>	AMOUNT	LESS	NET
AMOUNT					
LESS					
NET					
		CARD HOLDER name if CC bank payment PO Ref No			

DEPARTMENT NAME Electrical & Computer Engineering	DATE REQUESTED	Approver's \$ delegation for honoraria	DEPT Ref No
NAME OF BUDGET TO BE CHARGED		PREPARED BY EXT.	ACCOUNTING USE ONLY

Loc	Account	Fund	S	Obj Code	Cost Centr	Cost Type	Project	AMOUNT

MANDATORY DISCLOSURE FOR ALL 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? graduate? non-degree candidate?
 Independent Service Provider/Consultant? If "Yes", individual/partnership? incorporated entity?
 California Nonresident? If "Yes", is work performed in California? Yes, No
 Nonresident Aliens? If "Yes", is worked performed in US? Yes, No

Taxpayer ID Number	UC EMPLOYEE ID #	ITIN	(Nonresident alien not eligible for SSN must provide an ITIN to receive benefit of any applicable tax treaty)
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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 (receipt, announcement, correspondence) and explain purpose/reason:

APPROVED BY	ADDITIONAL APPROVAL BY
_____ Authorized signer Title Date	_____ Authorized signer Title Date

- COPIES (ACCOUNTING WILL RETURN NON-CONFORMING REQUESTS):**
- **PAYMENT REQUEST:** first 3 copies to Accounting, only "ORIGINAL: TO ACCOUNTING OFFICE" needs to be signed.
 - **ENCLOSURE TO BE SENT WITH PAYMENT:** 2 copies to Accounting: one for the payee and one for the files.
 - **OTHER SUBSTANTIATING SUPPORT:** 1 copy to Accounting for the files.

ORIGINAL: TO ACCOUNTING OFFICE

RETENTION: ACCOUNTING: 5 YEARS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS. OTHER COPIES: 0-5 YEARS

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.....
.....
.....

PAYEE'S COPY

(X) check or direct deposit notification enclosed

() contract or other requisition document enclosed

ALWAYS PRINT AND SEND TO ACCOUNTING WITH ORIGINAL

PRIVACY NOTIFICATION

STATE
The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply personal information about themselves:
The principal purpose for requesting this information on this form is to report payments for income tax purposes to Federal and State governments, as applicable. University policy and State and Federal statutes authorize the maintenance of this information.
Furnishing all information requested on this form is mandatory – failure to provide such information will delay or may even prevent the payment for which this form is being filled out. Information furnished on this form is used by University departments for nonpayroll payments, and may be transmitted to the State and Federal governments as required by law.
Individuals have the right of access to this record as it pertains to themselves.
Campus Accounting Officers are responsible for maintaining the information contained on this form.

FEDERAL
Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and pursuant to Regulation 4, Section 404.1256. Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report payments and income taxes withheld to Federal and State governments.