


Payment Request – Misc. (Non-Payroll)

Form U5-8(01/2001)

MAKE PAYABLE TO: Last Name, First, MI. Mailing Address 	SPECIAL HANDLING () PU: Call extension _____ () CASH ADVANCE () FX WIRE/DRAFT	AMOUNT LESS NET
	CARD HOLDER 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

Loc	Account	Fund	S	Obj Code	Cost Centr	Cost Type	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**

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)
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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 (invoice, receipt, announcement, correspondence) and explain business purpose/reason:

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

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

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

ORIGINAL – TO ACCOUNTING

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

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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

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A P O/F — SC W4 W7 W8 W9

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TAX REPORTING COPY: Send to Accounting with Original

PRINT FOR ALL TAX REPORTABLE PAYMENTS

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APPROVED BY	ADDITIONAL APPROVAL BY
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Authorized signer	Title	Date	Authorized signer	Title	Date
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OPTIONAL DEPARTMENT COPY

PRINT AS NEEDED BY DEPARTMENT