

# Payment Request: Memberships

MAKE PAYABLE TO: LAST NAME, FIRST, etc.					AMOUNT				
MAILING ADDRESS									
					<input type="checkbox"/> Vendor ID <input type="checkbox"/> Employee ID <input type="checkbox"/> 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 \_\_\_\_\_

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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? <input type="checkbox"/> YES <input type="checkbox"/> 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.

