Payme	nt Requ	est-	-Misc.	(Nor	า-Payrol	Form U5-8(01/2001)	
MAKE PAYABLE TO: Last Name, First, M	SPECIAL HANDLING ( ) PU: Call extension  LESS		AMOUNT LESS				
			( ) CASH AE	VANCE			
			( ) FX WIRE	/DRAFT	NET		
			CARD HOLDE	R name if	CC bank payment	PO Ref No	
DEPARTMENT NAME	DATE PREPARED	E PREPARED		Approver' \$ delegati for honora		DEPT Ref No	
NAME OF BUDGET TO BE CHARGED	PREPARE				EXT.	ACCOUNTING USE ONLY	
Loc Account Fund S	Obj Code	Cost Cent	Cost Typ	e	Project	AMOUNT	
MANDATORY DISCLOSURE FOR	ALL TAX REPO	RTABLE	PAYMENTS	<b>S*</b>	or, attach Multiple	Distribution Coding Block	
Yes No Answer ALL lines. If "Yes					est Instructions	**	
<ul> <li>( ) ( ) UC Employee? If "Yes"</li> <li>( ) ( ) UCSB Student? If "Yes</li> <li>( ) ( ) Independent Service P</li> <li>( ) ( ) California Nonresident</li> <li>( ) ( ) Nonresident Aliens? If</li> </ul>	", ( ) undergrace rovider/Consultants? If "Yes", is wor	<b>duate</b> ? or nt? If "Yes k perform	( ) <b>graduat</b> 3", ( ) <b>indivi</b> ed in Califorr	e? or() dual/part nia?() <b>)</b>	nership? or ( /es, ( ) 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 expe **Additional tax forms and tax withholding m							
PAYMENT TYPE: ( ) reimbursem ( ) independent personal serv IN PAYMENT OF: substantiate (inv	ice/consulting, (	) rent, ro	yalty, ( ) set	tlement,	( ) advance/oth	ner, described below	
APPROVED BY			ADDITIONAL A	APPROVAL	. BY		

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

Title

Authorized signer

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

Authorized signer

Title

Date

- 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**

rayille	nı Kequ	<u>esi-</u>	<u>-14112C.</u>	(INOI	1-Payroi	Form U5-8(01/2001)
MAKE PAYABLE TO: Last Name, First, MI	. Mailing Address		SPECIAL HAN	_	AMOUNT	
			( ) CACH AE		LESS	
			( ) CASH AD		NET	
			CARD HOLDE	R name if	CC bank payment	PO Ref No
DEPARTMENT NAME	DATE PREPARED	RED		Approver's \$ delegation for honoraria		DEPT Ref No
NAME OF BUDGET TO BE CHARGED	PREPARED BY EXT.			EXT.	ACCOUNTING USE ONLY	
PAYMENT TYPE: ( ) reimbursem ( ) independent personal serv IN PAYMENT OF: substantiate (invo	ice/consulting, (	) rent, roy	yalty, ( ) set	tlement,	( ) advance/oth	ner, described below

### **PAYEE'S COPY**

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

ALWAYS PRINT AND SEND TO ACCOUNTING WITH ORIGINAL

	Гауппе	<b>71</b>	it Kequ	621 <u> </u>	-IV	1156.	(IAOI	1-Payroi	Form U5-8(0	11/2001)
MAKE PAYABLE TO: Last Name, First, MI. Mailing Address				SPECIAL HANDLING AMOUNT						
					(	) PU: Call	extension			
						_		LESS		
					`	) CASH AE		NET		
					(	) FX WIRE	/DRAFT	NET		
					CA	RD HOLDE	R name if	CC bank payment	PO Ref No	
DEPARTMENT NAME		DATE PREPARED			Approver's \$ delegation for honoraria			DEPT Ref No		
NAME OF BUDGET TO BE CHARGED			PREPARE					EXT.	ACCOUNTING USE ONLY	
Loc Account	Fund	S	Obj Code	Cost Cent	r	Cost Typ	e	Project	AMOUNT	<b>1</b>
MANDATORY DISC	CLOSURE FO	R A	ALL TAX REPO	RTABLE	PA	YMENTS	<b>S</b> *	or, attach Multiple	Distribution Coding Bl	ock
Yes No Answer	ALL lines. If "	Yes	" to any questio	n, see "Fo	orm.	-5" Paym	ent Requ	est Instructions	**	
( ) ( ) UC Emp	loyee? If "Yes	s",	provide justifica	tion for no	n-p	ayroll trea	atment.			
` , ` ,			( ) undergrad		` '	•	` ,	_		
•					•	•	-	- '	) incorporated e	ntity?
			' If "Yes", is wor Yes", is work pe	•			, ,	` ,		
	or EIN		163 , is work pe	ITIN	11 0.	O: ( ) I	CS, ( ) IN	(Nonres	ident alien not eligible	for
Number									ust provide an ITIN to roof any applicable tax tr	
Provide ho different from ma	me address i iling address								7 11	,,
A P O/F — SC W	4 W7 W8 W9	)								
*Not needed for reimburs **Additional tax forms an				_						ions.
PAYMENT TYPE: (	( ) reimburse	me	nt, ( ) honorari	um, ( ) s	tude	ent award	d/grant/su	ıpport, ( ) non-	student support,	
( ) independer	nt personal se	ervic	ce/consulting, (	) rent, ro	yalt	y, ( ) set	tlement,	( ) advance/oth	her, described bel	ow
IN PAYMENT OF: s	ubstantiate (ir	nvoi	ice, receipt, ann	ounceme	nt, c	correspor	ndence) a	and explain busi	iness purpose/rea	son:

# TAX REPORTING COPY: Send to Accounting with Original

### PRINT FOR ALL TAX REPORTABLE PAYMENTS

	Payme	nt Kequ	esi-	-WIISC.	(NOI	1-Payroi	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 HOLDE	R name if	CC bank payment	PO Ref No	
DEPARTMENT NAME	DEPARTMENT NAME DATE PREPARED		)	Approve \$ delegat for honora		on	DEPT Ref No	
NAME OF BUDGET TO BE CHARGED			PREPARE			EXT.	ACCOUNTING USE ONLY	
Loc Account	Fund	6 Obj Code	Cost Centr	Cost Typ	е	Project	AMOUNT	
MANDATORY DIS	CLOSURE FOR	R ALL TAX REPO	RTABLE	PAYMENTS	*	or, attach Multiple	Distribution Coding Block	
Yes No Answer	ALL lines. If "Y	es" to any questio	on, see "Fo	orm-5" Paymo	ent Requ	est Instructions	**	
( ) ( ) UCSB ( ) ( ) ( ) Indepe ( ) ( ) Califor ( ) ( ) Nonres	Student? If "Yes ndent Service F nia Nonresider	", provide justifica s", ( ) undergrac Provider/Consulta ut? If "Yes", is work f "Yes", is work pe	duate? or nt? If "Yes k perform	( ) <b>graduate</b> ", ( ) <b>indivic</b> ed in Californ	e? or() dual/part nia?()\	nership? or ( /es, ( ) No o	) incorporated entity?	
Taxpayer ID Number	OI EIN		TIIN			SSN mu	ident alien not eligible for ust provide an ITIN to receive of any applicable tax treaty)	
different from ma	sable business exp	ense (non-service, no					lor types—see instructions.	
. , .	ent personal ser	vice/consulting, (	) rent, ro	yalty, ( ) set	tlement,	( ) advance/oth	student support, her, described below iness purpose/reason:	
APPROVED BY				ADDITIONAL A	PPROVAL	ВҮ		

### **OPTIONAL DEPARTMENT COPY**

## PRINT AS NEEDED BY DEPARTMENT