

UCSC - Direct Payment Form

(Not to be used for reimbursement of services)

Important: Form must be filled out in [Adobe Reader](#) or [Acrobat Professional](#) 8.1 or above. To save completed forms, Acrobat Professional is required. For technical and accessibility assistance, contact the [finaff-tech](#) team. **Form questions:** finpolicy@ucsc.edu

[Reset Form](#)[Print Form](#)**Office Use Only** ACH Payment ☐AP Flag ☐

Document Number: I _____

Due Date: _____

Vendor Number: @ _____

Payment Total: _____

Tax Journal: _____

Section 1: Payment Information

Request Date: Payment Amount: Payee Name: Remit Address:

OR

Mail Stop: Last 4 digits SSN or ITIN: ☐ 204 submitted or on file. **Note:** If NOT on file, complete a [Payee Setup 204](#)

Section 2: Requestor Information Section

Requestor Name: Dept / Div Name: Phone: Email:

Section 3: Payee Status * Required Fields

* Is payee a US Citizen or US Permanent Resident? Yes ☐ No ☐**Vendor Payment Only:** Is payee a UC Employee? Yes ☐ No ☐

Section 4: Payment Type (Refer to business office for guidance and explain below the circumstances for exception to policy or attach a copy of request)

☐ Payment or reimbursement to an individual☐ Payment to a vendor

1099 Tax

Account Code(s) Reportable

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Explain Payment:

Section 5: FOAPAL / Payment Amount Information

Index	Fund	Organization	Account	Activity	Amount

Total:

Section 6: Authorization (Submit completed form to Departmental or Divisional Office - Students: Forward to your advisor)

Requestor / Payee Signature

Print Name

Date

Tier 1 Signature Required - Funding Authorization (PI, Fund Manager, Advisor)

Print Name

Date

Tier 2 Signature Required - Funding Approval (Advisor, Research Accountant)

Print Name

Date

Senior Officer Signature for Authorization (Donations & Contributions)

Print Name

Date

Section 7: Submit Information (This payment is subject to post audit review by Financial Affairs)

Submit completed and approved form to Mail stop: FAST/AP Office

Revised 7/22/2016