University of California Santa Barbara
Business & Financial Services, Travel & Entertainment

Removal Payment Request

Select: ☑ **Pre-Trip Payment** (Advance), ☐ **Post-Trip Payment** (Direct Charge)	DATE NEEDED:

- ***Use for documented trip expenses*** such as Conference Registration, Lodging, Corporate Card Payments and other 3rd party travel payments. Documentation must conform to the WebTEV as to dates, location, purpose and traveler.
- ***This form is <u>not</u> needed for cash advances to traveler*** for personally funded University travel expenses.
- ***This form is <u>not</u> needed for purchasing Connexxus Direct Bill airfares.***

TRAVELER	DESTINATION:	TRIP BEGIN DATE:	TRIP END DATE:

MAKE PAYABLE TO—* Moving company	INVOICE NUMBER— *	DEPARTMENT NAME
	INVOICE DATE—*	DEPARTMENT CONTACT:
	PURCH ORDER/CONTRCT—*	EXTENSION:
—* OPTIONAL WITH VALID INVOICE ATTACHED		

CALL FOR PICK-UP NAME AND PHONE NUMBER:	DATE PREPARED:

SPECIAL HANDLING FORMS ENCLOSED:
☐ Registration, ☐ Special Handling, ☐ Wire & Drafts, ☐ _____

ADDITIONAL INSTRUCTIONS:

Department account(s) to be charged

Loc	Account	Fund	S	Obj Code	Cost Centr	Cost Type	Project	AMOUNT	TX
▶									
▶									
▶									
							▸**Total**		

Approvals

I APPROVE THIS REQUEST FOR PAYMENT acting within the attached or above referenced procurement authorization.	ADDITIONAL APPROVAL BY AN APPROVING AUTHORITY—Control Point, Materiel Manager, Office of Record, etc.
Authorized Signature _____ Date _____	Signature _____ Date _____
Print name and title _____	Print name and title _____