

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 PREPARED			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

IN PAYMENT OF MEMBERSHIPS TO ORGANIZATIONS OR TO SECURE PERIODICALS.

Membership to (name of organization): _____
 for (name of individual or department/program): _____

Effective dates: From _____ To _____

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

TO SECURE PERIODICAL, titled: _____

Effective dates: From _____ To _____

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 _____

Remittance copy (submit this page to Accounting with the signed original)

To Payee: application or acceptance form (offer, renewal notice, or invoice) is enclosed, or
 fulfill membership request per above information