

Payment Request—Misc. (Non-Payroll)

MAKE PAYABLE TO: Last Name, First, MI. Mailing Address	SPECIAL HANDLING () PU: Call extension _____	AMOUNT LESS NET
	() CASH ADVANCE () FX WIRE/DRAFT	
CARD HOLDER name if CC bank payment		PO Ref No

DEPARTMENT NAME	DATE PREPARED	USE TAX	DEPT Ref No
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NAME OF BUDGET TO BE CHARGED	PREPARED BY	EXT.	ACCOUNTING USE ONLY
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Loc	Account	Fund	S	Obj Code	Cost Centr	Cost Type	Project	AMOUNT	---

MANDATORY DISCLOSURE FOR ALL TAX REPORTABLE PAYMENTS* or, attach Multiple Distribution Coding Block

Yes No Answer ALL lines. If "Yes" to any question, see "Form-5" Payment Request Instructions**

() () **UC Employee?** If "Yes", provide justification for non-payroll treatment.

() () **UCSB Student?** If "Yes", () **undergraduate?** or () **graduate?** or () **non-degree candidate?**

() () **Independent Service Provider/Consultant?** If "Yes", () **individual/partnership?** or () **incorporated entity?**

() () **California Nonresident?** If "Yes", is work performed in California? () **Yes**, () **No**

() () **Nonresident Aliens?** If "Yes", is work performed in US? () **Yes**, () **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)
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Provide home address if different from mailing address:

* If Payee doesn't fit any of these categories, please explain relationship to UCSB in "In Payment Of" section.
 **Additional tax forms and tax withholding may be required. Click here for [Federal Privacy Act and California State Information Act](#) notices.

PAYMENT TYPE: () reimbursement, () honorarium, () student award/grant/support, () non-student support, () independent personal service/consulting, () rent, royalty, () settlement, () cash advance, () other, described below

IN PAYMENT OF: Briefly explain what payment is for, and explain business purpose/reason:

APPROVED BY Authorized signer _____	ADDITIONAL APPROVAL BY Authorized signer _____
Print Name _____ Title _____ Date _____	Print Name _____ Title _____ Date _____

- (ACCOUNTING WILL RETURN NON-CONFORMING REQUESTS):**
- PAYMENT REQUEST: ORIGINAL sent to Accounting.
 - PAYEE'S COPY (ENCLOSURE) TO BE SENT WITH PAYMENT: Print and attach ONLY if enclosure is required.
 - OTHER SUBSTANTIATING SUPPORT (invoice, receipt, etc.): original to Accounting for the files.

ORIGINAL—TO ACCOUNTING

RETENTION: ACCOUNTING: 5 YEARS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS. OTHER COPIES: 0-5 YEARS

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Form U5-8(10/2018)

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IN PAYMENT OF: Briefly explain what payment is for, and explain business purpose/reason:

PAYEE'S COPY

(X) check or direct deposit notification enclosed

() contract or other requisition document enclosed

ALWAYS PRINT AND SEND TO ACCOUNTING WITH ORIGINAL