

UCSC - Direct Payment Form

(Not to be used for reimbursement of services)

Reset Form

Print Form

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 **Campus Controller's Office**.
Form questions: finpolicy@ucsc.edu

Office Use Only		ACH Payment <input type="checkbox"/>	AP Flag <input type="checkbox"/>
Document Number:	_____		Due Date: _____
Vendor Number: @	_____		Payment Total: \$124.25
Tax Journal:	_____		

Section 1: Payment Information

Request Date: Payment Amount:

Payee Name:

Remit Address:

OR

Mail Stop:

Last 4 digits SSN or ITIN:

Section 2: Requestor Information Section

Requestor Name:

Dept / Div Name:

Phone:

Email:

204 submitted or on file. **Note:** If NOT on file, complete a [Payee_Setup_204](#)

Section 3: Payee Status * Required Fields

* Is payee a US Citizen or US Permanent Resident? Yes No **If NO, Required: Attach copy of Visa and I-94 Foreign National Visitor/Non-Resident Guide**

Vendor Payment Only: Is payee a UC Employee? Yes No **If yes, Include [Employee Vendor Disclosure Form](#)**

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

Select from above either 'Payment or reimbursement to an individual' or 'Payment to a vendor'.	CG1180, CG1185, CG1190, CG1195, CG1196	Y/N
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Explain Payment:

Section 5: FOAPAL / Payment Amount Information

Index	Fund	Organization	Account	Activity	Amount
			CG1190		124.25

Total:

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

Requestor / Payee Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 1 Signature Required - Funding Authorization (PI, Fund Manager, Advisor)	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2 Signature Required - Funding Approval (Advisor, Research Accountant)	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Senior Officer Signature for Authorization (Donations & Contributions)	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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