

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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: