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

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

Explain Payment: ___________________________

Section 5: FOAPAL / Payment Amount Information

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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:

Revised 5/22/2015