

Payee Information:

Name:

Telephone Number:

Address*:

Is payee a current or emeritus employee
of the University of California?
If yes, which branch?

Yes No

City, State, Zip:

**A physical address is required for entry into the UCD vendor system. A PO Box may be included for payment delivery purposes.*

FIRST TIME PAYEES ARE REQUIRED TO SUBMIT A W-9 FORM

Event Information: *(check event type)*

Lecture or short series of lectures

Conduct seminar or workshop of no more than two weeks in duration

Guest Speaker

Date of Event:

Name/Description of Event and Audience:

Special Instructions: *(Please explain – for example, return check to department or add attachments to check)*

Account Information:

Account: Amount:

Account: Amount:

TOTAL AMOUNT TO PAY:

Account: Amount:

Approvals:

Advisor/PI: _____
date

County Director: _____
date

Date: Originating County Name:

County Reference Doc. # Preparer Name:

Number of Pages: Preparer's Email:

BOC-K USE