

Payee Information:

Name: _____

Telephone Number: _____

Address*: _____

Is payee a current or emeritus employee of the University of California? Yes No
If yes, which branch? _____

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: _____

Account: _____ Amount: _____

TOTAL AMOUNT TO PAY: _____

Approvals:

Advisor/PI: _____
date

County Director: _____
BOC Approval: _____ date

Date: _____

Originating County Name: _____

County Reference Doc. # _____

Preparer Name: _____

Number of Pages: _____

Preparer's Email: _____

BOC-K USE