

UC Employee \* Yes  No

**\*IF PAYMENT AMOUNT IS \$600 OR MORE, ATTACH W-9 COMPLETED BY THE PAYEE**

\*If UC Employee contact Payroll for the appropriate form.

TIN:

FAU#

Account	Fund	Project	Sub	Object	Source	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="background-color: #cccccc;" type="text"/>	<input type="text" value="-"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="background-color: #cccccc;" type="text"/>	<input type="text" value="-"/>	<input type="text"/>

SOCIAL SECURITY No. LAST 4 DIGITS ONLY

Depart Code

FOR SECURITY PURPOSES, send the FULL SSN only in a separate communication, sealed in a confidential envelope via UCOP interoffice mail to your assigned BRC team.

Attach separate sheet if additional FAU

Shaded area for BRC use only.

CA Resident:  US Resident:

Payee Name:

Address 1:

Address 2:

Address 3:

City:

State:  Phone:

Zip:

Country:

Indicate person(s) to be copied on the BruinBuy order:  
 NAME:  UCOP Email:

Description of Services:

**PAYMENT AMOUNT:**

\$

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*I approve this commitment of department funds for the stated University purpose. I certify that it is an appropriate use for the fund source and that the transaction complies with University policy.*

Approving Authority Signature:  Date:

Dept. Contact:  Phone: