

UC Employee \* Yes  No

**IF PAYMENT AMOUNT IS \$100 OR MORE, ATTACH W-9 COMPLETED BY THE PAYEE**

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

TIN:

Dept Code

FAU:

Account	Fund	Project	Sub	Object	Source	%
M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-"/>	<input type="text" value="-"/>	<input type="text"/>
M	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-"/>	<input type="text" value="-"/>	<input type="text"/>

SOCIAL SECURITY No. LAST 4 DIGITS ONLY

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.

Payee Name:

City:

Address 1:

State:

Address 2:

Zip:

CA Resident:  US Resident:

Address 3:  Phone:

Country:

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

NAME:		UCOP Email:
Description of Services:		<p><b>PAYMENT AMOUNT:</b></p> <p>\$ _____</p> <p><b>IF PAYMENT AMOUNT IS \$100 OR MORE, ATTACH W-9 COMPLETED BY THE PAYEE</b></p>

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: