

# REQUEST FOR PAYMENT

## Chemical Engineering & Materials Science

**A Non-Payroll Request for Payment may be used in the absence of an invoice request for the following types of payments:**

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| <ol style="list-style-type: none"> <li>1. Reimbursement of petty cash funds (refer to Section 330-45).</li> <li>2. Payment of association membership dues in certain cases (refer to Section 330-75).</li> <li>3. Payment of fee refunds.</li> <li>4. Payment of insurance premiums. other than staff benefits.</li> </ol> | <ol style="list-style-type: none"> <li>5. Payment of removal expenses for teaching assistants.</li> <li>6. Payment of registration fees (e.g., for workshops or conferences) where no other expenses, such as travel, are involved. Registration forms should accompany the Request for Payment.</li> </ol> |
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**All other purchases and payment are made via Department, Storehouse, or Bookstore Purchase Orders, or via Entertainment, or Travel Expense Reports, as appropriate. For honoraria payments, please use Honorarium Form.**

Date Submitted _____												
<b>1. Personal Information of Payee (please print):</b>												
Last Name or Vendor _____	First Name _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>										
Address _____	City _____	State _____ Zip _____										
(    ) _____ Daytime Phone	(    ) _____ Home Phone											
UC Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	California Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	If Alien, Country of Residence: _____										
<b>2. Detailed explanation of circumstances requiring issuance of a check (include references to receipts and materials):</b>												
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<b>3. Name &amp; Account to be Charged:</b>												
Account: _____	DaFIS Doc # 01 _____											
Faculty Signature: _____	Date Processed: _____											
Date: _____												
<p><b>NOTE:</b> Faculty approval does not guarantee approval by UC Accounts Payable.</p> <p>Please attached original receipts &amp; supporting materials and submit form to CHE/MS Business Office.</p>												