UCSC Contract Payment Form
(Use only if supplier does not provide an invoice.)

Important: Form must be filled out in **Adobe Reader** or Acrobat Professional 8.1 or above. To save completed forms, Acrobat Professional is required. For technical and accessibility assistance, contact the finaff-tech team. **Form questions:** aphelp@ucsc.edu

Section 1: Payment Information

Payee Name: _____

Agent (if applicable): _____

P.O. Number: _____

Vendor Number: _____

Request Payment Date: _____

Payment Terms: _____

Payment Due Date: _____

Payment Amount: _____

Payment Address: _____

Is payee a University Employee or near-relative of a University employee?   ○ Yes   ○ No

If yes, a copy of an approved *employee-vendor conflict of interest evaluation form* must be attached.

Is payee a non-resident performing or providing a service in California?   ○ Yes   ○ No

If yes, this payment is subject to withholding taxes for out-of-state residents.

What percentage of work was performed in California? [____] %

Is payee a United States Citizen?   ○ Yes   ○ No

If no, a copy of visa and I-94 must be attached.
See : Foreign National Visitor / Non-Resident GLACIER Guide

Explanation of Payment: _____

Section 2: Departmental Approval

Tier 1 Signature Required - Authorization for funding (PI, Fund Manager, Advisor) | Print Name | Date

Tier 2 Signature Required - Funding Approval (Advisor) | Print Name | Date

Section 3: Submit information

Instructions: Route the form to FAST Mailstop: FAST Office, or scan and submit to aphelp@ucsc.edu.

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