

# REQUEST FOR PAYMENT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ S.S.# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(include city,  
state and zip code) \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

U.S. CITIZEN OR U.S. PERMANENT RESIDENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF NOT, VISA TYPE: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_

AMOUNT TO BE PAID: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

**UCLA EMPLOYEE:** YES: \_\_\_\_\_ NO: \_\_\_\_\_

**IF YES:**  
Employee or Student ID number: \_\_\_\_\_  
Name of Department: \_\_\_\_\_ % of appnt: \_\_\_\_\_  
Department address: \_\_\_\_\_ Mail code: \_\_\_\_\_  
Payroll / CHR contact person: \_\_\_\_\_ Extension: \_\_\_\_\_

**PAYMENT APPROVED BY:** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature