

Date	Requested By	Phone Number	<input type="checkbox"/> CalSWEC <input type="checkbox"/> BASSC <input type="checkbox"/> BAA <input type="checkbox"/> CSSR <input type="checkbox"/> FWRG <input type="checkbox"/> Dept.
<input type="checkbox"/> One-time Approval <input type="checkbox"/> Blanket Approval			Payments must be approved in advance by the Dean's Office. Payments to Trainers are "Direct Function Payments " and are subject to applicable Procurement and Business Contract Policies.
From: _____ To: _____ See reverse for final payment checklist			

PAYEE INFORMATION								
Name	UC Employee?	US Citizen	California Resident?					
Address	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, consult with Dean's Office</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, consult with Dean's Office</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Amount Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No Travel to be Reimbursed							
Name & Number of Accounts to be Charged	BU	BFS Account	Fund	Org Code	Prog	SP	Payee is:	Federal ID No.
							<input type="checkbox"/> Organization or Consulting Firm	Social Security No.:
								<input type="checkbox"/> Individual

DETAILS OF TRAINING			
Name of Trainer	Organization	Daily or Hourly Rate	
Date	Location	Topic	Fee
			Total

JUSTIFICATION FOR USE OF TRAINER		
If Blanket Approval <input type="checkbox"/>	Estimated # of Trainings: _____	Estimated Total Compensation: _____
Attachments:	<input type="checkbox"/> Vita <input type="checkbox"/> Other Correspondence and Materials (if any)	

Approved: _____ Date: _____
 Principal Investigator/Project Director

Approved: _____ Date: _____
 Dean/Assistant Dean