

**University of California, Berkeley**  
**Visiting Scholar/Visiting Student Researcher Payment Request Form**

Initial Request                       Extension of Prior Request                       Amendment to Prior Request

Date of Request: \_\_\_\_\_

**Part I: Affiliate Information** - Name as it appears on your passport or social security card

Surname/Family Name: \_\_\_\_\_ First/Given Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

BFS Vendor #: \_\_\_\_\_ Cal ID #: \_\_\_\_\_ Home Academic Inst. (if applicable): \_\_\_\_\_

Approved UCB Affiliation Period (Begin/End Date): \_\_\_\_\_

California Resident?    U.S. Citizen?                      Country of Residence (If Non-US Citizen or Resident)                      Anticipated Visa Status  
 Yes     No                       Yes     No                      \_\_\_\_\_

If the payee is not a U.S. Citizen or Permanent Resident, they will be required to complete a UCB GLACIER Tax Record before payment can be made. For information regarding payments to foreign individuals see <http://payroll.berkeley.edu/GLACIER/GLACIERIndex.htm>.

**Part II: Payment Information**

**Attach a copy of the award/offer letter, and Visiting Scholar/Visiting Student Researcher Checklist. Payment request cannot be processed without these supporting documents.**

Single Payment     Monthly Payment     Other Frequency                      Payment Period (Begin - End): \_\_\_\_\_

Start Date	# of Payments	Payment Amount	Total Award	BU	Account	Fund	Org	Program	Project	Flex	%

Electronic funds transfer (EFT) is the preferred method of payment for all students and foreign scholars. EFT applications and instructions may be found at <http://financialoperations.berkeley.edu/Forms/disb/SigantureAuthorization.pdf>.

**Departmental Contact**

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Part III: Certification**

The certifying party must be an **approved signatory for the designated chartstring and have a Signature Authorization Form on file at the Disbursements Office.**

I certify that the payee satisfies the University of California at Berkeley's criteria for a Visiting Scholar/Student Researcher and the information provided on this form is correct.

**Dean's Approval**

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

P I Signature : \_\_\_\_\_ Printed Name : \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Approval: _____	Date: _____
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