



INTERCAMPUS TRANSFER/ONE-TIME PAYMENT FORM

UPAY 644C-T (8/96)

Home Campus _____ Home Department _____ Home School _____

Host Campus _____ Host Department _____ Host School _____

HOME CAMPUS INFORMATION	Employee Name _____ Employee ID Number _____
	Home Campus Appointment _____ Title Code _____ Step/Grade _____
	Salary _____ / _____ 09/09 09/12 11/12 Appointment % _____ <small>(Annual) (Monthly/Hourly)</small>

HOST CAMPUS INFORMATION	Host Campus Temporary Appointment _____ Title Code _____ Step/Grade _____
	Event/Service Dates _____ to _____ One-Time Payment \$ _____ Hours to be Paid _____ Pay Rate _____
	Description of Service (DOS) Code (for example: BYA, By-Agreement, Honorarium, etc): _____
	Host Campus Fund Source to be charged _____ <small>(Location / Account / Cost Center/ Fund / Project Code / Sub) (Name of Account)</small> <small>(0, 1, 2, 5, and 7 are the only valid Subs)</small>

EVENT INFO	Please explain details of event/service and compensation:
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Department Chair's Authorization

Host Campus Dean's Office/Academic Personnel

Home Campus Dean's Office/Academic Personnel

Host Location Contact Name and Phone Number

Host Location Contact Email Address

Home Location Contact Name and Phone Number

Home Location Contact Email Address