

Requestor Information:

Department: _____ Date: _____
 Name: _____ Email: _____

Business Justification and/or Special Instructions:

Enter a detailed description of how, what, where and why the cash, gift card or other cash equivalent will be used.

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Financial Information:

FAU to charge for request:

Fund Name:	Account:	CC:	Fund:	Project:	Sub:	Source:

FAU to charge for Armoured Courier fee (if physical cards delivered to campus address):

Fund Name:	Account:	CC:	Fund:	Project:	Sub:	Source:

PLEASE SELECT ONE PAYMENT TYPE: _____

Grand Total:					

Requestor Responsibilities:

Please initial the boxes below as your agreement of each statement:

- _____ It is the requestor's responsibility to track, secure, and disburse all cash and cash equivalents to the intended recipients.
- _____ To comply with IRS regulations, UCLA Accounts Payable must file a 1099 MISC form for research/non-research participants (non-UCLA Employees) who receive \$600.00 or more in research payments for the calendar year. The PI and authorized personnel are responsible for providing a list of participants who meet this threshold, as well as collecting the participants' W-9 forms.
- _____ Requestor understands and complies with [BUS-49](#) (Policy for Cash and Cash Equivalent Received), [UCLA Policy 361](#) (Cash Handling and Security), and [UCLA Safe Requirements](#) (if storing cash/gift cards - BUS-49 Policy IX.4 & IX.5).
- _____

Required Signatures:

PI/Supervisor: _____

 Print Name Signature Date

Fund Manager: _____

 Print Name Signature Date