

Performance Payment Request

This document shall serve as a request for payment for services between the payee and a registered campus organization at the University of California, San Francisco.

Registered Campus Organization: _____

Name of Event: _____

RCO Representative: _____ Phone #: _____

Date of Event: _____ Location _____

Services to be provided: _____

Payee's Start Time: _____ Duration of Services: _____

Total Payment: _____ Funding Source: _____

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Performer's Name: _____

Group's Name (if different than above): _____

Address: _____

City/State/Zip: _____

Telephone #: _____

Note: All payments will be mailed directly to the payee

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DOCUMENTS TO BE SUBMITTED WITH THIS REQUEST:

- Substitute W-9 Tax Form (all payees must complete this form)
- A copy of the publicity for this event (i.e., flyer, email announcement, etc.)

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Office Use Only

Date Received: _____