



University Auxiliary Services

California State University, Los Angeles

University Auxiliary Services Inc.

FACULTY PAYMENT REQUEST FORM

Faculty Member Name		College	Department
Academic Year	Quarter	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Today's Date
Employment Questionnaire (125%) For the Above Quarter		<input type="checkbox"/> Attached <input type="checkbox"/> On file	Check delivery method: <input type="checkbox"/> Pick-up from UAS <input type="checkbox"/> Mail to address on file
# of Units Paid \$ _____	Unit cost \$ _____		Total Amount Authorized \$ _____

Project to Be Charged

Please use one form for each project charged

Account	Fund	Organization	Program	Project ID	Project End Date
	900		2002		

Certification

I certify that I have performed services for the total number of hours/units or percent of effort shown above.

Employee Name _____

Employee Signature _____ Date _____

As the supervisor and authorized signatory of the person mentioned above, I certify the units or effort stated above represent a reasonable estimate of work performed during the pay period covered by this payment request form, and meets the 125% overload standards.

Supervisor Name _____

Supervisor Signature _____ Date _____

Do Not Write in the area below – UAS Use Only

Verifications

- Signatures confirmed
 Amount verified
 Project ID confirmed