

Disbursements Office

Visiting Scholars Fellowship/Scholarship* Request Form

(not applicable for payment of services)

Disbursements Office ONLY:

Date Entered _____

Date of Request _____

Visiting Scholar Information

Name: _____
 Family First Middle Initial Vendor No.

U.S. Citizen: Yes No If No: Visa type _____ Country of residence (for tax purposes) _____

Resident of California Yes No New request Amendment to request

Frequency: Single payment Monthly Other (specify) _____ If multiple payments, payment period from _____ to _____

Total Award	Total # of Payments	Amount of Each Payment	Date To Start Payment(s)	BU	Account	Fund	Org	Program	Project	Flex
\$		\$								

Purpose of Payment _____

Note: You must attach a copy of the award/offer correspondence. This payment request cannot be processed without this correspondence.

Departmental Contact, VSPA Approval, and Payment Authorization** Information

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

Name: _____ Department: _____ E-mail Address: _____

Authorized Signature: _____ Telephone No.: _____ Authorized VSPA Signature: _____

For additional information, please see the "Visiting Scholar" definition at <http://vspa.berkeley.edu/vsdef.html>

You may need to forward additional documents to Disbursements e.g. Tax form 8233, tax treaty statement, etc. For information on payments to Foreign and Non California residents see <http://disbursements.berkeley.edu/foreign/indexForeign.htm>

*Note 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/FormsIndex.htm>

**Payment authorizer must be an approved signatory for the designated chartstring and have the following form on file at the Disbursements Office: <http://financialoperations.berkeley.edu/Forms/disb/SignatureAuthorization.pdf>

Please submit this form to the VSPA Office, 699 Barrows Hall # 2572