CAL STATE LA UAS
AUXILIARY SERVICES INC.

PAYMENT REQUEST FORM

NOTE: - UAS requires submittal of receipts, invoices, and/or supporting documents when requesting for payment.
- Please allow 10-15 business days for payment requests to be processed for payment. New Payees must complete a Payee Data Record Form; remit form with supporting documents to uasap@calstatela.edu.
- A person may not be both a payee and authorized signer. In this case, the payment request must be be approved by payee's supervisor.

Click Here for Payee Data Record Form

Payee Information:			**Requested By:**	
VENDOR/PAYEE:			**Requester Name:**	
STREET			**Dept./Room No:**	
CITY	**STATE**	**ZIP**	**Phone/ Ext.:**	
EMAIL			**Date:**	
SUPPLIER ID:			**Email:**	

IS THE PAYEE A CAL STATE LA EMPLOYEE? Yes ☐ No ☐ IS THE PAYEE A UAS EMPLOYEE? Yes ☐ No ☐ IS THE PAYEE A US CITIZEN? Yes ☐ No ☐

If this is a Rush request mark the box and indicated date needed ☐ **Date needed:** _____

(Additional fee may apply)

Description	Invoice Number	Account Number	Fund	Dept.	Project ID	Amount	1099
						$	
		▶					
		TOTAL				$ 0.00	

UAS Use Only - Accounting Department Coding	
SUPID:	**Due Date:**
Desc.	
Audited by:	
Remarks:	

Authorized Signatures

I certify that the expenses incurred are for bona fide business purposes, and the information provided is true and accurate. I certify that the expenditures benefit the educational mission of the CSU as defined by the respective statutes, Board of Trustees policies, campus policy, and UAS policy, and that all items are for official business and include no personal expense. I certify that the above payments, if made to a student, are NOT contingent upon teaching, research, or any other service performed by the student and that each recipient has been notified of the potential tax liability for any amount in excess of tuition/fees, books, supplies, and equipment for courses or instruction.

UAS Approval

Name of authorized signer (Type or Print) _____ Signature _____ Date _____ Approved by _____

Name of authorized signer (Type or Print) _____ Signature _____ Date _____ Date _____

Rev. 08/2025