

UNIVERSITY OF CALIFORNIA, SAN DIEGO
AWARD PAYMENT AUTHORIZATION FORM

Section A:

PRINT name of Award/Prize Recipient: Employee #
Employee Pay Schedule Monthly Bi-Weekly Bargaining Unit Code Title Code Social Security #

Section B:

CASH AWARD: This payment will be processed through the UCSD Payroll Personnel System on the employee's next pay schedule subsequent to the receipt of this document by the Payroll Division. It will be subject to Federal, State, and Social Security taxes. Awards reimbursed by the IAP pool will have an "IAP" DOS code on the Distribution of Payroll Expense report.

Award amount from: IAP Pool Departmental Funds \$ INDEX/FUND :
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Total CASH AWARD : \$ (Should equal Award amount from IAP pool plus Award amount from departmental funds.)

Section C:

NON-CASH awards or prizes, (such as the value of an airplane ticket or a gift certificate to be used solely at the pleasure of the awardee) funded by departmental funds and is NOT subject to reimbursement. Please indicate the fair market value of the merchandise or property which has been awarded.

Fair Market Value of Award : \$ Departmental INDEX to be charged :

Print Name of Departmental Contact

Phone Number/Extension

Authorized Departmental Approving Signature

Phone Number/Extension

Date