INTERLOCATION ONE-TIME PAYMENT FORM
UPAY 644C-T (R8/11)

HOME LOCATION: _____   HOME DEPARTMENT: _____

HOST LOCATION: _____   HOST DEPARTMENT: _____

HOME LOCATION INFORMATION

EMPLOYEE NAME: _____   EMPLOYEE ID #: _____

HOME LOCATION APPOINTMENT TITLE: _____   TITLE CODE: _____

ANNUAL OR MONTHLY/HOURLY SALARY: _____   ☐ 09/09   ☐ 09/12   ☐ 11/12   APPOINTMENT %: _____

HOST LOCATION INFORMATION

EMPLOYEE TITLE RELATING TO ACTIVITY AT HOST CAMPUS: _____   TITLE CODE: _____

EVENT SERVICE DATES: FROM: _____   TO: _____

ONE -TIME PAYMENT$: _____   DESCRIPTION OF SERVICE (DOS) CODE (For example: HON, BYA etc.): _____

HOST LOCATION FUND SOURCE TO BE CHARGED: _____   ACCOUNT NAME: _____

LOC ACCT COST CENTER FUND PROJ CODE   SUB
(0,1,2,5 OR 7 ARE THE ONLY VALID SUBS)

EVENT/SERVICE AND COMPENSATION INFORMATION

PLEASE EXPLAIN DETAILS OF EVENT/SERVICE AND COMPENSATION

APPROVALS

_____	_____	_____
Host Location Fund Source Authorization	Host Location Dean's Office/Academic or Staff Personnel	Home Location Dean's Office/Academic or Staff Personnel
_____	_____	_____
Host Location Contact Name	Host Location Phone Number	Host Location Email Address
_____	_____	_____
Home Location Contact Name	Home Location Phone Number	Home Location Email Address
	_____	
	Date	

CC: EMPLOYEE'S HOME DEPT.   RETN ACCOUNTING: 5 YRS SUBJECT TO CONTRACT AND GRANT REQUIREMENTS OTHER COPIES 0-5 YEARS

INTER-LOCATION ONE-TIME PAYMENT FORM INSTRUCTIONS

Home Location/Department: Location/Department where currently employed.
Host Location: Location/Department where activity is being performed

Home Location Information: (to be obtained from Home Department)
Employee Name: Name as entered on EDB
Employee ID#: Employee ID number at Home Campus
Home Location Appointment Title: Employee title at Home Department
Title Code: Title on home campus appointment
Annual or Monthly or Hourly Salary: Enter salary of home department appointment
9/9, 9/12, 11/12: Check appropriate box if home appointment is an academic appointment other than 12/12
Appointment%: Indicate distribution percentage of appointment

Host Location Information: (to be provided by Host Department)
Employee Title Relating to Activity at Host Campus: Enter a valid PPS title which relates to the service at the host campus
Title Code: Enter a valid PPS title code which relates to the service at the home campus
Event Service Dates: List complete dates of service
One-Time Payment $: Enter amount of one-time payment. Should be flat dollar amount
DOS Code: Enter valid PPS DOS code for one time payment
Host Location Fund Source to be Charged: Enter full accounting unit, Must be an appropriate FAU (including sub)(**0,1,2,5 or 7 are the only valid subs**) for Payroll Expense
Account Name: Enter title of FAU to be charged

ROUTING INSTRUCTIONS
Home Location Instructions:
 1. Receive completed and signed form from host campus
 2. Obtain appropriate home campus personnel signatures
 3. Forward to Home Campus Payroll Office to coordinate payment

Host Location Instructions:
 1. Obtain home location information from home location department
 2. Complete **all** fields in Host Location Information section
 3. Obtain host location signatures
 4. Route to appropriate office at home location (***Do not forward if signatures have not been obtained or form is not complete***)