

PAYMENT FORM

Please e-mail the completed form to sa_cashiers@berkeley.edu

Event Date:		Event/Invoice Number:	
Event Name:			
<input type="checkbox"/> agree to the reservation agreements, and have read and understood SA Cashiers' terms and conditions.			

PAYMENT INFORMATION

Payment Amount:		Number of People Invited:	
Business Purpose of Event:			
Billing Contact	Name	E-Mail	Phone

OPTION #1: PAYMENT BY CHART-STRING: (CAMPUS CLIENTS ONLY)

Department Name:						
Chart-String Account	1 -	-	-	-	-	-
	<small>Acct (5)</small>	<small>Fund (5)</small>	<small>Org (5)</small>	<small>Prog (2)</small>	<small>Project (6)</small>	<small>Flex(5)</small>
OP & Other UC Campuses ONLY	-	-	-	-		
	<small>Acct (6)</small>	<small>Fund (5)</small>	<small>Sub (2)</small>	<small>Object (4)</small>		
Authorizing Signature:						
<input type="checkbox"/> I authorize all final charges relating to this event to be billed to the chart-string provided above.						

OPTION #2: PAYMENT BY CREDIT CARD:

Contact Name:		Phone:	
Cardholder's Name (Print):			
Credit Card Number	_____ - _____ # - _____ <small>1st Group 2nd Group 3rd Group 4th Group</small>		
For security purposes, please only fill out the 1 st and 4 th group of numbers and someone will contact you to complete the payment.			
Expiration Date		Amount \$	
I hereby authorize all final charges relating to this event to be billed to the credit card number entered above.			
Cardholder's Signature:			

OPTION #3: PAYMENT BY CHECK:

Please make all checks payable to "UC Regents" and MUST include the event/invoice number.
Checks should be mailed to:

Cashiers' Office
2610 Channing Way 2nd Floor
Berkeley, CA 94720