UPAY 644-C-T (R6/01)

**INTERLOCATION ONE-TIME PAYMENT FORM**

**HOME LOCATION INFO.**

- Employee Name: ____________________________
- Employee ID Number: _______________________
- Home Location Position Title: ________________
- Title Code: __________
- Step/Grade: __________
- Salary: __________________________
- (Annual) / __________________________
- (Monthly/Weekly)

**HOST LOCATION INFO.**

- Host Location Temporary Position Title: ________________
- Title Code: __________
- Step/Grade: __________
- Event/Service Dates: __________ to __________
- One-Time Payment: __________________
- Hours to be Paid: __________________
- Pay Rate: __________________
- Description of Service (DOS) Code: __________________
- (For example: BYA, By-Agreement; HON, Honorarium; etc.): __________________
- Host Location Fund Source to be Charged: __________________
- (Name of Account)
- Laboratory/Hastings Fund Source to be Charged: __________________

**EVENT INFO.**

- Please explain details of event/service and compensation:

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Host Location Fund Source Authorization: __________________
Host Location Dean's Office/Academic or Staff Personnel: __________________
Home Location Dean's Office/Academic or Staff Personnel: __________________

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Host Contact: __________________
Phone #: __________________
Home Contact: __________________
Phone #: __________________

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**FOR PAYROLL USE:**

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**APPENDIX D**

UPAY 644-C-T

End.

6/30/01 TL 86