

**Visiting Scholar and Postdoc Affairs (VSPA) Program  
INTERDEPARTMENTAL ORDER FORM (IOF)**

This form is used for payment of the annual University Services Fee of \$500.

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AFFILIATE INFORMATION

Family name:

First name:

Middle name:

HRMS non-employee number:

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SPONSORING DEPARTMENT INFORMATION

Today's date:

Name of sponsoring department:

Name of person completing IOF:

Financial contact in sponsoring department:

Sponsoring department charge string that will be charged \$500:

Type of funding used to pay the University Services Fee: (choose)

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PLEASE SEND THIS COMPLETED FORM AS AN E-MAIL ATTACHMENT TO: [vspa@berkeley.edu](mailto:vspa@berkeley.edu).

NO SIGNATURES ARE REQUIRED ON THIS FORM.