



OSU REQUEST FOR PAYMENT

SSN OR FTID IS REQUIRED BEFORE PROCESSING REQUEST

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Payee Name _____ SSN _____ - _____ - _____ FTID _____ - _____ - _____
 Address _____
 City/State/Zip/Country _____

STATUS:

____ OSU Employee ____ Student OSU Employee - **EMPLOYEE ID# REQUIRED** _____
 ____ Non-Employee ____ Student Non-Employee

TYPE OF PAYEE

____ U.S. Citizen
 Tax Purposes: ____ Resident alien or permanent resident (IRS Form W-9 must be attached)
 ____ Nonresident alien. Please complete the following: Country of Residence _____

Type of Payment (Please check One)

- Refund -
- Reimbursement – Original Receipts Required
- Travel
- Award – Send to Human Resources Office
- Scholarship – Send to Financial Aid Office
- Others _____

Description of Payment (Please be specific) _____

If services are rendered, complete the following: Date(s) From _____ to _____ Purchase Order # _____
 Where services were rendered: _____
 Disposition of check(s): ____ Send to payee ____ Hold for pick-up Total Payment Requested \$ _____

Org	Fund	Account	Project	Program	User Defined	Amount	D/C
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-----	-----	-----	-----	-----	-----	\$ ----- . ---	---
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Contact name (please print or type) _____ Dept. Name _____ Phone _____
 I certify that the information on this form is true and correct to the best of my knowledge.
 Department/College Signature _____ Date _____

STOP HERE - FOR ACCOUNTS PAYABLE USE ONLY

Step 1: Federal Taxable Payment \$ _____ X 30% = \$ _____
 Step 2: Gross Payment \$ _____ Less Tax _____ = Net Payment \$ _____