



PAYMENT REQUEST FORM (PRF)

SSN OR FTID IS REQUIRED BEFORE PROCESSING REQUEST

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
 Other _____
 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
N	-----	-----	-----	-----	-----	-----	\$ -----	---
F	-----	-----	-----	-----	-----	-----	\$ -----	---
O	-----	-----	-----	-----	-----	-----	\$ -----	---

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 \$ _____