



# 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
-----	-----	-----	-----	-----	-----	\$ ----- . ---	---
-----	-----	-----	-----	-----	-----	\$ ----- . ---	---
-----	-----	-----	-----	-----	-----	\$ ----- . ---	---

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 \$ \_\_\_\_\_