



# PAYMENT REQUEST FORM (PRF)

Payee Name \_\_\_\_\_

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

                              \_\_\_ 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
	-----	-----	-----	-----	-----	-----	\$ -----	---
	-----	-----	-----	-----	-----	-----	\$ -----	---
	-----	-----	-----	-----	-----	-----	\$ -----	---

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