**PAYMENT REQUEST FORM**  
(PRFA)

**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 $ ____________

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<th>Org</th>
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<th>Account</th>
<th>Project</th>
<th>Program</th>
<th>User Defined</th>
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</table>

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**

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Step 1: Federal Taxable Payment $_______________ x 30% = $ ____________

Step 2: Gross Payment $ _______________ Less Tax $ _______________ = Net Payment $ _______________

Revised: 02-10-11