OSU REQUEST FOR PAYMENT

THE OHIO STATE UNIVERSITY

P A Y E E

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 _____

P A Y M E N T

Type of Payment (Please check One)
- o **Refund -**
- o **Reimbursement – Original Receipts Required**
- o **Travel**
- o **Award – Send to Human Resources Office**
- o **Scholarship – Send to Financial Aid Office**
- o **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 $_____

I N F O

Org	Fund	Account	Project	Program	User Defined	Amount	D/C
_ _ _ _	_ _ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _	$ _ _ _ _ . _ _	___
_ _ _ _	_ _ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _	$ _ _ _ _ . _ _	___
_ _ _ _	_ _ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _	$ _ _ _ _ . _ _	__

A P P R O V A L

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 _____

T A X

STOP HERE – FOR ACCOUNTS PAYABLE USE ONLY

Step 1: Federal Taxable Payment $_____ X 30% = $_____

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