PAYMENT REQUEST FORM  
(PRF)

<table>
<thead>
<tr>
<th>Payee Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip/Country</td>
<td></td>
</tr>
</tbody>
</table>

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 $ ____________

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 $ ______________

Revised: 02-10-11

**NOTE:** This form is for Ohio State University use only.