

Payment Request Form

TO: Agricultural Research Foundation
1600 SW Western Blvd., Suite 320
Oregon State University
Corvallis, OR 97333

TRAN CODE: MUST CHECK ONE	
<input type="checkbox"/>	Supplies & Materials
<input type="checkbox"/>	General Service
<input type="checkbox"/>	Other
<input checked="" type="checkbox"/>	Hosting
<input type="checkbox"/>	Prof License & Renewals
<input type="checkbox"/>	Postage & Shipping
<input type="checkbox"/>	Scholarships
<input type="checkbox"/>	Index Payment (FG / FX)

FROM: FST 5/23/2022
Department Date

- DIRECTIONS: 1. Submit one Payment Request per VENDOR.
2. Attach invoice. (Payment Requests will not be processed without one attached)
3. Indicate account(s) for payment. You may split payments between ARF accounts as needed.
4. Indicate OSU Activity Code for Transfers to Department FG/FX Index Accounts.
5. Payment Requests MUST have a Business Purpose and proper Signatures/Approval to be processed

LIST INDIVIDUAL INVOICES					VENDOR NAME and MAILING ADDRESS
Invoice Date	Invoice #	ARF Account	Amount	OSU Activity Code *4	CHECK PAYABLE TO: (Vendor Name & Address) Dr. Smith 1234 Main St Anywhere, OR 12345
5/2/2022	See attachment	1234G	\$ 500.00		
TOTAL AMOUNT OF CHECK			\$ 500.00		Special Mailing/Handling Instructions
State Reason for Expense (Business Purpose) : Dinner for prospective donors for department program.					
Project Leader Approval/Signature					Unit Leader Approval/Initials
Project Leader Printed Name					Unit Leader Printed Name
					Business Center Approval NG
					ARF Vendor No.