

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 type="checkbox"/>	Hosting
<input type="checkbox"/>	Prof License & Renewals
<input type="checkbox"/>	Postage & Shipping
<input type="checkbox"/>	Scholarships
<input checked="" 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) <div>Oregon State University FG097N</div>
	See attachment		\$ 500.00		
TOTAL AMOUNT OF CHECK			\$ 500.00		Special Mailing/Handling Instructions
State Reason for Expense <i>(Business Purpose)</i> :					
Project Leader Approval/Signature					Unit Leader Approval/Initials
Project Leader Printed Name					Unit Leader Printed Name
					Business Center Approval
					ARF Vendor No.