

# 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 type="checkbox"/>	Index Payment (FG / FX)

FROM: \_\_\_\_\_  
Department Date

- DIRECTIONS:**
1. Submit one Payment Request per VENDOR.
  2. Attach invoice. (*Payment Requests will not be processed without one attached*)
  3. Indicate project account(s) for payment. You may split payments between ARF project accounts as needed.
  4. Indicate OSU Activity Code for Transfers to Department FG/FX Indexes.
  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 Project Account	Amount	OSU Activity Code *4	<p>CHECK PAYABLE TO: (Vendor Name &amp; Address)</p> <div style="border: 2px solid black; height: 150px; margin: 10px auto; width: 90%;"></div>
					<p style="text-align: center;">Special Mailing/Handling Instructions</p>
<b>TOTAL AMOUNT OF CHECK</b>					<p style="text-align: center;">Unit Leader Approval/Initials _____</p> <p style="text-align: center;">Unit Leader Printed Name _____</p> <p style="text-align: center;">Business Center Approval _____</p> <p style="text-align: center;">ARF Vendor No. _____</p>
State Reason for Expense ( <i>Business Purpose</i> ):					
Project Leader Approval/Signature					
Project Leader Printed Name					