

OBERLIN

Oberlin College
Controller's Office
Oberlin, OH 44074

Request For Payment To:

(please print/type clearly)

Date _____

Name _____

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____

T Number or SSN _____
(required)

Special Requirements

Send to payee

Send to payee with enclosure(s)

Send to person approving this request

Send to _____

Will pick up at Controller's Office

Other _____

Honorarium/Officials/Contractors

Please list home address if different from above:

Street 1 _____

Street 2 _____

City _____ State _____ ZIP _____

SSN or ITIN number _____
(required)

US Citizen/Green Card Holder* Y N (required for honorarium)

*If not a US Citizen or green card holder, income tax withholding and/or IRS form 8233 may be required. Contact the Office of Payroll and Benefits for information/assistance.

For Controller's Office use only

Computations Acct. Charge

Cash Discount Inv. Date

Dept. Approval P.O. Ref

Approved for Payment
Controller's Office (Initials) _____

Purpose of Payment	Fund Code (10010 unless not drawn from current Operating Fund)	Organization Code (4 or 6 digits)	Account Code (4 digits)	Program Code (2 digits)	Amount

Requested by: _____ Ext. # _____

Total Amount

Approved by: _____ Ext. # _____

Authorized Signature

NOTE: Incomplete Payment Request forms will not be processed and will be returned to you for completion.