

# 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)

### For Controller's Office use only

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Computations   | <input type="checkbox"/> Acct. Charge |
| <input type="checkbox"/> Cash Discount  | <input type="checkbox"/> Inv. Date    |
| <input type="checkbox"/> Dept. Approval | <input type="checkbox"/> P.O. Ref     |

Approved for Payment  
Controller's Office (Initials) \_\_\_\_\_

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.

Purpose of Payment	Fund Code <small>(10010 unless not drawn from current Operating Fund)</small>	Organization Code <small>(4 or 6 digits)</small>	Account Code <small>(4 digits)</small>	Program Code <small>(2 digits)</small>	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.**