

**OSU-CHS**  
**Request for Payment from OSU Foundation Equity**

Please complete this form with each invoice/receipt submitted for payment from any OSU Foundation equity. Request **must** be signed by employee making the request and the director/department head in order for payment to be processed. Incomplete requests or requests that contain vague explanations will be returned.

For the explanation, please provide the who, what, when and why of the expense. For example, for a lunch meeting, explain the purpose of the lunch, the CHS department organizing/hosting the lunch and who attended. For an item purchased, explain what the item is and for what purpose and what department it benefits. If you are requesting payment to be made to a person or entity other than an OSU employee include an IRS W-9 with this form. Please spell out acronyms.

Send the completed form with attached receipts or invoices to Finance and Operations, attn. Eric Polak, OSU-CHS, Room 427-A (4<sup>th</sup> floor, medical school campus.) Contact Eric Polak at 561-8422 if you have any questions. Checks usually take three to four weeks to issue.

Date: **12/19/2023**

Name of person/organization to be paid:

Social Security/FEI number or CWID:

Phone number:

Address:

City, State ZIP Code:

Total to be paid:

---

Invoice/receipt explanation:

Amount:

Invoice/receipt explanation:

Amount:

Invoice/receipt explanation:

Amount:

Invoice/receipt explanation:

Amount:

Signature and title of  
employee making request \_\_\_\_\_ Date \_\_\_\_\_

Signature and title of  
Director/Department Head \_\_\_\_\_ Date \_\_\_\_\_

Pay from  
OSU Foundation equity \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

Signature of  
Approving Officer \_\_\_\_\_ Date \_\_\_\_\_