

Nonresident Alien Payment Request

Payment Type (check appropriate box) **PAYMENTS IN US \$ ONLY**
 Honorarium or payment for services (NOTE: foreign address required) **Reimbursement/Refund**
Where services were rendered:
Date services provided: Start Date _____ End Date _____

- A copy of the payee’s Passport and Visa, Visa stamp or I-94 must be attached to this payment request if one has not already been submitted for the current visit/payment. Payments cannot be made unless these documents are provided.
- Supply, as appropriate the B-1/WB or B-2/WT compliance form for Payments to B or W Visa Holders.
- Submit the OSU Vendor Setup Form if you have not done so within the past year.
- For IRS reporting purposes include a US Address. If the payee does not have a US address, use OSU department address.
- The complete foreign home address of citizenship/residency is required.
- If payment is for an honorarium or services rendered, provide the payee’s e-mail address to enable access to the Glacier tax software and Foreign Person’s US Source Income year end IRS Form 1042-S. **If the payee does not submit the necessary Glacier tax documents, the university is obligated to withhold 30% tax per IRS regulations.**

Payee Information
 Non-employee Student OSU Employee Employee # _____ Vendor # _____

Payee Name	<input style="width: 95%;" type="text"/>
Payee e-mail	<input style="width: 95%;" type="text"/>

US Address		Foreign Address	
Address Line 1	<input style="width: 80%;" type="text"/>	Address Line 1	<input style="width: 80%;" type="text"/>
Address Line 2	<input style="width: 80%;" type="text"/>	Address Line 2	<input style="width: 80%;" type="text"/>
City	<input style="width: 80%;" type="text"/>	City	<input style="width: 80%;" type="text"/>
State	<input style="width: 80%;" type="text"/>	State/Province/Region	<input style="width: 80%;" type="text"/>
Zip Code	<input style="width: 80%;" type="text"/>	Postal Code/Country	<input style="width: 80%;" type="text"/>

Initiating Dept. Name	<input style="width: 80%;" type="text"/>
Campus Address	<input style="width: 80%;" type="text"/>

Payment Information
***Purchase Order Number or Convenience Order #** _____ **eRequest #** _____

*REQUIRED. Note: If you are using a Convenience Order or eRequest, provide ChartField below:

ORG	FUND	ACCOUNT	PROJECT	PROGRAM	TAX/USER DEFINED	AP USE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Description	Payment amount US \$ Only
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
Total payment	<input style="width: 98%;" type="text"/>

 Hold check for pick-up Mail check to foreign Address Mail check to US Address

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Department Contact	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Printed name of Approver	Signature of Approver
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Date