

Request for Reimbursement Payments/Vendor Status:

First Name _____ Last Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

OSU ID _____ SS#/TIN _____

Email _____

Phone _____

Please select one:

____ Employee/Student

____ Volunteer, Candidate, or Participant

____ Other

Please select one:

____ US Commercial Business

____ Citizen or Resident Alien

____ Foreign Citizen or Non-Resident Alien

Please **DO NOT** email this form with your social security number included. It is not safe. You can either fax to Amber Ahlgren at 541-737-3590 or scan and email the form **WITHOUT** your social security card number included to Amber.Ahlgren@oregonstate.edu You can then call Amber Ahlgren at 541 737-4531 to verbally provide the social security number or Tax Identification Number.