



REQUEST FOR REIMBURSEMENT RPAC AY 2010-2011

► **Request for Reimbursement: Mail to RPAC Office** (Info below)
(This page)

► **Payment Compliance Form:**
(Next page)

Mail..... Ohio University
Accounts Payable
168 HDL Center
Athens, OH 45701
or
Fax: 740-593-9890

Please **PRINT** legibly

Resident Name _____

Hospital _____

Address (where you want your check mailed) _____

City, State, Zip _____

Telephone _____

Email Address _____

Discipline AND Event **RPAC DISCIPLINE:** / **EVENT:** _____

Conference Date/s _____

I paid entire hotel bill myself YES NO (See below) % paid: _____

If "YES," then everything to be reimbursed will be sent directly to you.

NAMES OF ANY ADDITIONAL RESIDENTS STAYING IN THE ROOM MUST BE LISTED BELOW:

_____	Paid portion of bill	<input type="checkbox"/> No	<input type="checkbox"/> Yes % paid: _____
_____	Paid portion of bill	<input type="checkbox"/> No	<input type="checkbox"/> Yes % paid: _____
_____	Paid portion of bill	<input type="checkbox"/> No	<input type="checkbox"/> Yes % paid: _____

If more than one resident *paid* for the room, each resident who made payment must send a *request for reimbursement form* and a hotel receipt.

At least one resident's receipt must be an **original**.

- **Completed request form/s & original receipt/s due within 30 days** from date of conference.
- **DO NOT SEND VIA FAX OR EMAIL / NO CREDIT CARD STATEMENTS**
Internet Hotel Receipts Are Acceptable
- **No funds will be issued after May 31, 2011** for academic year 2010-2011

Please **mail this page and original hotel receipt VIA FIRST CLASS US MAIL** to the RPAC office:

Deb Turpening
OUCOM / RPAC
Heritage Center – 2nd Floor
Doctors Hospital
5100 W. Broad St.
Columbus, OH 43228-1607

Required signatures:

Resident _____

Date _____

Program Director _____

Date _____

Send this page & attachments to RPAC Office, Columbus
Send next page to Accounts Payable, Athens



Payment Compliance Form

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

In accordance with the Internal Revenue Service regulations, we are required to have the following information on file for all individuals and businesses to which we make payments. We must have this form on file in order to make a payment. Please fill out all the information that applies to you or your business.

1. Provide General Information

Name _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

2. Check the most appropriate category below. If a nonresident alien, STOP HERE and remit form.

Individual Independent Contractor* Date of Birth _____

Corporation Sole Proprietor

Partnership Single Member LLC

Government Agency

Other

3. Provide Taxpayer Identification Number

Social Security Number ____ - ____ - _____

or

Federal Employer Identification Number ____ - _____

4. Check if any apply.

Minority business in the State of Ohio** Enclose a copy of certification letter.

EDGE business in the State of Ohio*** Enclose a copy of certification letter.

Exempt from backup withholding

5. Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. Person _____

Title (if applicable) _____ Date _____

Please type or write legibly and sign form in ink. Fax form to 740-593-9890 or remit form to:

Ohio University
Accounts Payable
168 HDL Center
Athens, OH 45701