



Accounts Payable Activation Request (APA Form)

(Please fax completed form to Accounts Payable, 6-2393 or email to apbao@uoregon.edu)

Type of Payment:

Employee/Student Reimbursement
Refund
Travel Reimbursement
Participant Support

Subject Payment
Survey Payment

Other _____

Requestors Name _____

Extension _____

Vendor Number	UO ID or SS#	Non-Resident Alien	Last Name	First Name	Middle Name
			Home Address: (Street, City, State, Zip)		
Vendor Number	UO ID or SS#	Non-Resident Alien	Last Name	First Name	Middle Name
			Home Address: (Street, City, State, Zip)		
Vendor Number	UO ID or SS#	Non-Resident Alien	Last Name	First Name	Middle Name
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Vendor Number	UO ID or SS#	Non-Resident Alien	Last Name	First Name	Middle Name
			Home Address: (Street, City, State, Zip)		

Notes:

1. If any of the above people have invoiced the University of Oregon for supplies or services, you **must attach a copy of the invoice** or signature page of PSC.
2. Attach a copy of the completed UO Substitute W-9 for each US Citizen (except employees, students, or refund requests) or
3. Send a completed, signed, original W-8 form with this request form for each foreign individual or foreign entity (except employees and students).
4. If you have any questions call 346-1252. You may also email your questions or requests to apbao@uoregon.edu.