

## Accounts Payable Activation Request (APA Form)

(Please fax completed form to Accounts Payable, 6-2393 or email to [apbao@uoregon.edu](mailto: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)		
Home Address:			(Street, City, State, Zip)		
Home Address:			(Street, City, State, Zip)		
Home Address:			(Street, City, State, Zip)		
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](mailto:apbao@uoregon.edu).