

## EPA ORISE Request for Payment Form

**Use this form to request:**

• **Reimbursement or Prepayment** of fees for conference/training registration, online training, books, and other miscellaneous costs.

**Do NOT use this form if:**

• The fees have already been submitted or will be submitted on a Preapproval Request (PA), also called a Travel Authorization Request (TAR), for travel that contains an overnight stay/per diem.

Participant Name:

What Payment is for:

Amount of Payment:

**Please choose one of the three options below and make sure all boxes are checked for that option.**

**1. I have paid for this myself and want ORISE to reimburse me.**

This will be direct deposited into your bank account on file.

I have attached the receipts or other proof of payment. This must include the vendor name, item name, date of payment, amount of payment, and show that it was paid/a zero balance.

**2. I would like ORISE to pay for this by check.**

I have attached the invoice.

Make check payable to:

Street Address:

City/State/Zip:

**3. The payment cannot be made by check so I would like ORISE to pay by credit card.**

I have attached the invoice with a telephone number to contact the vendor.

I have attached the registration information for a third party credit card phone payment.

\*Please note, there may be a limit on the amount to be paid via credit card. If your payment is over the limit, one of the first two options will be necessary.

Participant Signature

Date

Mentor Signature

Date

Lab/Office Coordinator Signature

Date

Coordinator/Project Officer Signature

Date

*Emailed approvals are acceptable in place of signatures if attached to this form.*

*All signatures may not be required for your lab/office. Please ask your mentor or Coordinator which are required.*

Payment will not be made unless original receipts and/or appropriate documentation (as requested above) have been submitted with this form. Please allow 5-10 business days for payment processing.

After all needed signatures have been obtained, please email this form and required documentation to [EPArpp@ornl.gov](mailto:EPArpp@ornl.gov).

**ORAU/ORISE OFFICE USE ONLY**

ORISE EPA Project Manager Signature

Date

Project/Task#

ID#

Expenditure Type