

Subdivision Name:  
Project Name:  
OPWC Project ID.:

**Vendor Payee Identification Form**

Disb. Request #:

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CONTRACTOR/VENDOR PAYEE IDENTIFICATION:

Please list the contractor/vendor (or subdivision) with the billing address matching the address the contractor/vendor (or subdivision) has in the State of Ohio OAKS payment system. Include a phone number and the federal tax ID (or OAKS ID) of the contractor/vendor (or subdivision) as well as the amount OPWC will be paying. This amount must equal the amount listed in WorksWise or the disbursement will be sent back for revision.

1) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC

PAYEE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FEDERAL TAX ID or OAKS ID: \_\_\_\_\_

2) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC

PAYEE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FEDERAL TAX ID or OAKS ID: \_\_\_\_\_

3) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC

PAYEE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FEDERAL TAX ID or OAKS ID: \_\_\_\_\_

4) AMOUNT TO BE PAID CONTRACTOR/VENDOR BY OPWC

PAYEE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FEDERAL TAX ID or OAKS ID: \_\_\_\_\_

<b>OPWC USE ONLY</b>	Accounting: _____
Approval By: _____	Auditor: _____
Date: _____	