You MUST activate JavaScripts to enable form features

PRINT

PAYMENT NOTIFICATION FORM

Use this form to submit payment to OSPS–Payroll System Support.

Except for BT transfer verification and P190 corrective flags, we do not pre-audit. OSPS–PSS presumes that agencies initiate payments only as a necessary and appropriate transaction.

If the employee's negative balance is less than the payment you're submitting, the remainder will be paid to the employee on the next payroll run unless offset by agency action.

This Payment is For:

☐ Insurance Premiums or ☐ Employee Negative (Complete Sections A, B, and D)
☐ Vendor Negative (Complete all Sections)
♦ Invoice Payment – *form not required; see invoice for payment detail*

Section A: Payment Method

<------Checking box will activate BT field-------->
☐ SFMA Balance Transfer BT# _____ ☐ Agcy/Personal Ck # _____
☐ Cashier's Check # _____ ☐ Money Order ☐ Cash – optional, less than $1.00

Section B: Payment Detail

EMPLOYEE INFORMATION Last Name	First Name	VENDOR INFORMATION (Name) or ☐N/A
Employee ID No. (no SSN) OR __ __ __ __ __ __ __		OSPA Vendor Deduction Code (4 chars)

Agency No.	Post Payment to Pay Period Ending ^ (one per form): No spaces i.e. 033115	P190 Set? ^ ☐ Yes ☐ N/A	Payment Amt

^ If P190 is not set for a closed PPE at the time we receive the form, OSPS will enter payment in the current open PPE without further notice.

Section C: Vendor Negative Documentation (or ☐ N/A)

There must be a negative total balance for the deduction code at the time of payment. Please reference the XREF76 Deduction Register that shows the negative total balance:

Pay Period	☐ Run 1 ☐ Run 2	Page No.	Deduction Pkg	Deduction Type Total

Section D: Submitted By

Only check this box if a) OSPS already has the original check and b) you would like to submit this form by email. ☐

Use your signature for print version, or email address for electronic submission.

Submit by Email

Signature: _____ Date: _____

Optional: Agency Notes Area

BT INSTRUCTIONS:

Employee Premiums/Negatives:
a. Use T codes 714 / 715. Description=Employee ID & Last Name (at minimum). Zero-fill invoice number.
b. 714: vendor #/mc = 1931116396-020
c. 715: PCA=99712

Vendor Negatives:
a. Use T codes 714 / 715. Description="Vendor Negative". Zero-fill invoice number.
b. 714: vendor #/mc = 1931116396-020
c. 715: PCA=99712

~ ~ ~ Please do not use staples. Paper-clip the payment, or leave loose in envelope. Thanks for your help. ~ ~ ~

OREGON STATEWIDE PAYROLL SERVICES (OSPS)
(503) 378-3518 fax
Email: OSPS.Help@oregon.gov

Online Resource Center:
http://go.usa.gov/bEJk

For OSPS Use Only

Employee Payments:
____ Payment Logged
____ P140 Req # _____

If BT, also:
☐ SFMA verified _____
☐ P370 / P070 checked for duplicates

Vendor Negative:
☐ Returned to Agency
☐ Vendor Neg Entry

For OSPS Use Only
Received Date Stamp

Reset All Form Fields

INSTRUCTIONS TO PAYROLL OFFICES:

1. Complete this form online at http://go.usa.gov/BVNG
2. For BT payments: Submit electronically using the email submit button (this button will activate after you've filled the BT# field).
3. For physical payments: Print, sign and send completed form with payment to OSPS.

Revised 2/2016
Form No. OSPS.99.24