

Last Name ¹	First Name ¹	SSN/ITIN ²	Address (street) ³	Address (city) ³	Address (state) ³	Address (zip) ³	Amount ⁴	Residency Status ⁵	Employee	Payment Type	Reporting Quarter
SMITH	JOHN	111111111	1234 MAIN STREET	OKLAHOMA CITY	OK	73104	1,000.00	U.S. Citizen	No	Gift Card	Quarter 1

Example Only

1. Enter names in all CAPS
2. When entering the SSN or ITIN, do not include dashes
3. When entering the address, use all CAPS and no punctuation
4. When entering amounts use commas and decimal points with two proceeding digits
5. Chose the option from the drop down for Residency Status and Employee
6. Yes or No

Directions: Complete this log for all payments made to participants in the amount of \$100 or more per payment or that will accumulate more than \$500 in one calendar year. This information shall be captured by the department and submitted to Accounts Payable (AP) quarterly throughout the year. Each report can be submitted as frequently as monthly, but no less than quarterly. Each quarter shall be submitted no more than two weeks after the quarter ends. The report shall be submitted in Excel via email to the AP-Management email group. For more information, please refer to the [Partipant Payment Policy](#) and [Partipant Payment Matrix](#).