



# Optional Retirement Program (ORP) Monthly Payment Request

74-211 (Rev.8-17/11)

Junior/Community college name: \_\_\_\_\_

3-digit agency number: \_\_\_\_\_

Employer identification number: \_\_\_\_\_

Contribution month: \_\_\_\_\_

Total head count of employees: \_\_\_\_\_

Amount\*: \_\_\_\_\_

I certify the amount requested is true and correct and represents the actual monthly expense eligible for ORP state matching contributions.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

ORP contact information:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Complete the information above and mail or FAX to:**

ORP Analyst  
Expenditure Assistance Section  
Fiscal Management Division  
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS  
P.O. Box 13528  
Austin, TX 78711-3528

Phone: 512-475-0966  
FAX: 512-463-3039

**\* Amount must be supported by a list of participating employees, including: each employee's salary; the contribution per employee; and a total head count of employees that make up the requested amount.**