



Optional Retirement Program (ORP) Monthly Payment Request

74-211 (Rev.11-19/12)

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
Statewide Fiscal Programs Section
Fiscal Management Division
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 13528
Austin, TX 78711-3528

Phone: 512-936-5999
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.**