Southern Methodist University
PAYMENT REQUEST

PO #	Final Payment	Date Due	Invoice Number	Invoice Date / Service Date or Period

Supplier #	Address #	**Attach W9 if new supplier/payee or changes to record are needed.**

Payee Legal Name (Include full first and last name)	SMU ID	Country (Foreign)

Mailing Address

City	State	Zip

Payee Phone: | Payee Email:

Requester Name | Requester Phone

Requester Email (Payment notification will be sent to this email address)

Business Purpose: (Describe how this expense provides a business benefit to the University)

Special Handling Instructions:

Payment will be made via direct deposit if account information is on file, otherwise a check will be mailed. If special handling is required, indicate below.

Quick Pay (for students only)

Wire Transfer (attach wire transfer form)
  Date wire to occur _____

Mail check with Attachments

Hold check for Pick-up
  Business Reason for pick up:

Call Ext._____

Attach adequate support for payment (e.g. reimbursements require proof of payment)

Payments to individuals: U.S. Citizen/Permanent Resident   YES   NO

- *If YES, continue to next section*
- *If NO*
  - ○ *Non-SMU affiliated persons/individuals without an SMU ID Number must provide Form W-8BEN with supporting documentation, FNI Form (if applicable) and/or Independent Contractor Determination email (if applicable)*
  - ○ *SMU affiliated persons/individuals with an SMU ID Number will be contacted by the Foreign Nationals representative if additional information is needed.*

Payments to non-individuals: U.S. Entity   YES   NO

- *If YES, continue to next section*
- *If NO, attach applicable form W-8 with supporting documentation to the A/P Payment Request Form.*

DISTRIBUTION

Description (appears in GL detail)	Amount	Acct (4)	Fund (2)	Org (6)	Subclass (5)	Project (7)
Total Payment Amount						

Approvals
Request must be signed by an individual authorized to charge against the department ID's referenced above as well as the individual that can confirm that the products were received and/or services were performed as expected- other special approvals obtained here as well (e.g. GCA, Foreign National)

Typed or Printed Name	Signature	Title	Date
Typed or Printed Name	Signature	Title	Date
Typed or Printed Name	Signature	Title	Date
Typed or Printed Name	Signature	Title	Date