

Vendor ID/Code	Address Code	Account # or Identifying Information for Supplier				- aymoneric	Payment Handling:					
Payee Legal Name (Individuals should include full first and last name and middle initial)						if account in to the perm	Payment will be made to payee via direct deposit (ACH) or EFT if account information is on file. Otherwise a check will be mailed to the permanent address. Non-US citizen payments will be delivered to the tax office for proper handling.					
SMU ID Country (Fore				ign)					ŭ			
Permanent Address						City						
						State	State Zip					
Department Name				Department	Contact					Department Phone		
Preparer's Name (Typed or Printed) Ext.				Authorized by				Date				
for HR ar determina Payments to non-i	idual must complete and Payroll to review a ation to the Payment	the Foreig and make t Request i 5. Entity	a determinatior Form.	ormation Form on Please attack	th the FNI Form YES quired Form W	n and supportin	g documen	ntation, as well a	as a copy	of HR's		
DISTRIBUTION												
Payment Due Date		Amoun	t	Acct (4)	Fund (2)	Org (6)	St	ubclass (5)	Pr	oject (7)		
							_					
Total Annual Amount				For payments that need to continue for more than 12 months, please submit a new request each year.								
Special Approvals	(Request must be sig	gned by so	meone authoriz	zed to charge aç	gainst the orga	nization ID's refe	erenced abo	ove)				
Typed or Printed Name Signature					Title			Date				
Typed or Printed Name Signa			Signature	ure			Title Date			Date		