



Southern Methodist University
STIPEND REQUEST

| | | | | |
|-------------------------------------------------------------------------------------------|-------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Vendor ID/Code | Address Code | Stipend Name/Type | Payment Handling: <i>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.</i> | |
| Payee Legal Name (Individuals should include full first and last name and middle initial) | | | | |
| SMU ID | Country (Foreign) | | | |
| Permanent Address | | | City | |
| | | | State | Zip |
| Department Name | | Department Contact | Department Phone | |
| Preparer's Name (Typed or Printed) | Ext. | Authorized by | Date | |

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

If no: The individual must complete the Foreign National Information Form (FNI Form). The department will send the FNI form to foreignnationals@smu.edu for HR and Payroll to review and make a determination. Please attach the FNI Form and supporting documentation, as well as a copy of HR's determination to the Payment Request Form.

| DISTRIBUTION | | | | | | |
|-----------------------------|--------|-------------|----------|---------|--------------|-------------|
| Payment Due Date | Amount | Acct (6840) | Fund (2) | Org (6) | Subclass (5) | Project (7) |
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| Total Stipend Amount | | | | | | |

Special Approvals (Request must be signed by someone authorized to charge against the organization ID's referenced above)

| | | | |
|-----------------------|-----------|-------|------|
| Typed or Printed Name | Signature | Title | Date |
| | | | |
| Typed or Printed Name | Signature | Title | Date |
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