Southern Methodist University

PAYMENT REQUEST

ACCOUNTS PAYABLE, BOX 162

Check Number _____
(for AP use only)

Wire Transfer ☐
Date wire to occur _____

PO Number	Final Payment ☐	Date Due	Is Vendor a Corporation? Yes ☐ No ☐	ICD Approved ☐	***Attach W9 if new vendor or changes to vendor***

Vendor ID/Code	Address Code	Invoice Number	Invoice Date / Service Date or Period

Payee Legal Name (Individuals should include full first and last name and middle initial)

SMU ID | Country (Foreign)

Permanent Address

City | State | Zip

Payment Handling Instructions:

Payment will be made to payee via direct deposit (ACH) or EFT if account information is on file. Otherwise indicate below.

☐ Mail check to Permanent Address
☐ Mail check with Attachments
☐ Hold check for Pick-up Call Ext._____

Reason for Payment
☐ Reimbursement (Attachments Required)
☐ Honorarium (Provide details in Purpose of Payment)
☐ Other _____
☐ Invoice attached

Purpose of Payment (Informational only; does not appear in GL detail)

Department Name	Department Contact	Department Phone

Preparer's Name (Typed or Printed)	Ext.	Authorized by (Financial Officer)	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

Description (appears in GL detail)	Amount	Acct (4)	Fund (2)	Org (6)	Subclass (5)	Project (7)
Total Payment Amount	$0.00					

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