

Vendor ID/Code      Address Code      Stipend Name/Type      Payment Handling:

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)	Authorized by	Date
------------------------------------	---------------	------

**Payments to individuals:**      U.S. Citizen/Permanent Resident

**DISTRIBUTION**

Payment Due Date	Amount	Fund (2)	Org (6)	Subclass (5)	Project (7)
<b>Total Stipend Amount</b>					

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

Type	Signature	Title	Date
Typed or Printed Name			