



## Southern Methodist University Payment Request Form

PO #	Final Payment	Date Due	Invoice Number	Invoice Date / Service Date or Period	
Supplier #	Address #	<b>Attach W9 if new supplier/payee or changes to record are needed.</b>			
Payee Legal Name (Include full first and last name)		SMU ID		Country (Foreign)	
Mailing Address			<b>Special Handling Instructions:</b> <i>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.</i>  <input type="checkbox"/> Quick Pay <input type="checkbox"/> Wire Transfer (attach wire transfer form) Date wire to occur _____ <input type="checkbox"/> Mail check with Attachments <input type="checkbox"/> Hold check for Pick-up Business Reason for pick up: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> Call Ext. _____		
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)					

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

<b>Payments to individuals:</b>	U.S. Citizen/Permanent Resident	YES	NO	
<ul style="list-style-type: none"> <li>• If YES, continue to next section</li> <li>• If NO           <ul style="list-style-type: none"> <li>○ 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)</li> <li>○ SMU affiliated persons/individuals with an SMU ID Number will be contacted by the Foreign Nationals representative if additional information is needed.</li> </ul> </li> </ul>				
<b>Payments to non-individuals:</b>	U.S. Entity	YES	NO	
<ul style="list-style-type: none"> <li>• If YES, continue to next section</li> <li>• If NO, attach applicable form W-8 with supporting documentation to the A/P Payment Request Form.</li> </ul>				

### DISTRIBUTION

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

**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
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