



## Southern Methodist University Stipend Request Form

Vendor ID/Code	Address Code	Stipend Name/Type	<b>Payment Handling:</b> <i>Please select method of payment:</i> Direct Deposit (banking info must be on file or provided with request) Quick Pay Check <i>Check will be mailed. Check pick up is not an option.</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)
<b>Total Stipend Amount</b>						

**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