Vendor ID/Code Ac ress Code	D/Code Ac ress Code Stipend Name/Type					Payment Handling:			
Payee Legal Name (Individuals should include full first and last name and middle initial)					Quick	Direct Deposit Quick Pay			
SMU ID		Country (Fo	reign)		Cneck	Check			
Permanent Address					City	City			
					State	e Zip			
Department Name Department Contact						Department Phone			
Preparer's Name (Typed or Printed) Authorized by						Date			
Payments to individuals: U.S If no: for HR and Payroll to reviewa determination to the Paymen	S. Citizen/Per nd make a de nt Request Fo	etermination.	Please attach t	ts he FNI Form BUTION	NO and supporting	documentation,as e	ll as a c	copy of HR's	
Payment Due Date	Amoun	t	Acct (6840)	Fund (2)	Org (6)	Subclass	(5)	Project (7)	
- aymoni Buo Buto	7 tillouit		71001 (00 10)	1 and (2)	0.9 (0)	Cabolado		1 10,000 (1)	
Total Stipend Amount									
Special Approvals (Request must be Type	e signed by so	meone autho	rized to charge aલ્	gainst the orga	anization ID's re	ferenced above)			
Typed or Printed Name		Signature				Title		Date	