

PO #	Final Payment	Date Due	Invoice Number	Invoice Date / Service Date or Period
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Supplier #	<b>Attach W9 if new supplier/payee or changes to record are needed.</b>			
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Payee Legal Name (Include full first and last name)	SMU ID	Country (Foreign)
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Mailing Address			
City	State		
Requester Name	Requester Phone		
Requester Email (Payment notification will be sent to this email address)			

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

**Payments to individuals:** U.S. Citizen/Permanent Resident YES NO

If YES, continue to next section

If NO

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)

SMU affiliated persons/individuals with an SMU ID Number will be contacted by the Foreign Nationals representative if additional information is needed.

**Payments to non-individuals:** U.S. Entity YES NO

If YES, continue to next section

**DISTRIBUTION**

Description (appears in GL detail)			

**Total Payment Amount**

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