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)
Total Stipend Amount						

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

Type			
Typed or Printed Name	Signature	Title	Date