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) |
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| ***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 |