

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)
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Permanent Address	City
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	State	Zip
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Department Name	Department Contact	Department Phone
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Preparer's Name (Typed or Printed)	Authorized by	Date
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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	Signature	Title	Date
Typed or Printed Name			