Invoice Date / Service Date or Period

Supplier #

Payee Legal Name (Include full first and last name) | SMU ID | Country (Foreign)

Mailing Address

Special Handling Instructions:

City | State

Requester Name | Requester Phone

Requester Email (Payment notification will be sent to this email address)

Business Purpose: (Describe how this expense provides a business benefit to the University)

Mail check with Attachments

Hold check for Pick-up

Business Reason for pick up:

Call Ext._____

Payments to individuals: U.S. Citizen/Permanent Resident

Payments to non-individuals:

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 abo