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) | | | | | | |
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| ***Total Payment Amount*** | | | | | | |

**Approvals** Request must be signed by an individual authorized to charge against the department ID's referenced abo