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 Cor			Country (Foreign)							
Permanent Address						City				
						Zip				
Department Name Department Contact							De	partment Phone		
Preparer's Name (Typed or Printed) Authorized				norized by			Date			
Payments to individuals: U.S	S. Citizen/Pe	rmanent Resi								
DISTRIBUTION						1	ı			
Payment Due Date	Amour	nt		Fund (2)	Org (6)	Subclass	(5)	Project (7)		
									_	
Total Stipend Amount										
Special Approvals (Request must be Type	signed by so	omeone autho	rized to charge a્	gainst the orga	nization ID's re	ferenced above)				
Typed or Printed Name		Signature				Title		Date		