



Direct Pay

[Enter a ticket in Aggie Service Desk](#)

Instructions: Use this form for all payments in which no purchase order was issued. 1) Compile all information on request. 2) Obtain appropriate signature. 3) Submit a ticket in Aggie Service Desk and attach form and supporting documentation if required.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____ Phone: _____

Requestor: _____ E-mail Address: _____

SECTION 2: PAYEE INFORMATION

Is payee a current NMSU student? Yes No Is payee a current or previous NMSU employee? Yes No

Payee/Vendor Aggie ID [If doesn't exist, enter NONE]: _____ Payee/Vendor Name: _____

Remit to Address: _____
Address City, State, Zip

SECTION 3: PAYMENT TYPE (CHECK ONE)

Taxable Payments to Individuals/Entities (Non-employee) - Requires Appropriate Tax Documents*

- Honorarium Student Consignment Sales
 Guest Payment Royalties
 Stipend/Training/Travel Allowance Other _____
 Awards
 Participant Payment (Paid To Participant)

*Required Tax Documentation if not on file. Check Vendor Tax Form Status here
US Citezen/ Permanent Resident - attached W-9
Foreign Individual - attach W-8BEN, Form 8233, Passport, U.S. Visa Copy, I-94

Non-Taxable Payments to Individuals/Entities

- Travel Reimbursements (Candidate or Non-Employee Receipted) ([Attach Worksheet](#)) Other: _____
 Participant Payment (Paid To Sponsor-Employee) WAC Student Assistance
 Refunds Foundation Transfers

Vendor/Contract Payments - for Goods and Services

- Utilities Wright Express (WEX) Central Use Only
 Postage/Shipping (Outgoing) Sub Contract
 Fees Enterprise/National Car Rental (Outgoing)
 Library Books and Periodicals Other: _____
 Legal

I certify that charges herein are correct and just and that payment therefore has not been received.

Payee Signature, if required: _____

(Signature required when payee's individual, unless candidate recruitment or Non-Employee Travel worksheet is attached)

SECTION 4: PAYMENT DETAILS

Purpose/Description of Payment: _____

Index	Fund	Account	Travel Encumbrance or Subcontract EQ Number	Amount	P/F
Total From Continuation Page					
Total					

SECTION 5: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____

- Principal Investigator Dean/VP/CC President Designee

SECTION 6: REVIEW AND APPROVAL

Printed Name: _____ Signature: _____ Date: _____

