



# Payment Request ([Payment Guidelines](#))

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

Instructions: Use this form for all payments in which vendor registration is not required. 1) Complete all information on request. 2) Obtain appropriate signature. 3) Submit a ticket in Aggie Service Desk and attach form and supporting documentation as applicable.

## SECTION 1: REQUESTOR INFORMATION

Requestor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## SECTION 2: PAYEE INFORMATION (ALL INFORMATION REQUIRED)

For taxable payments, attach W-9 or other required tax forms as a separate file.

Payee Aggie ID: \_\_\_\_\_ If no Aggie ID, enter NONE.

Payee Name: \_\_\_\_\_

Payee Email: \_\_\_\_\_ Payee Phone: \_\_\_\_\_

Payee Mailing Address (for receipt of payment): \_\_\_\_\_  
Address City State Zip

## SECTION 3: PAYMENT TYPE (CHECK ONE)

\*TAXABLE - [SEE GUIDELINES](#)

### Employment Related Payment (Include Student Employment)

Business Meals Reimbursement  Mileage Reimbursement  Other: \_\_\_\_\_  
*\*If not a pre-approved option in the Payment Guidelines, use of Other requires prior guidance from the Aggie Service Center (asc@nmsu.edu)*

### Student (Non-Employment Related)

Allowance/Participant Pmt./Stipend\* - Taxable  Consignment Sales\* - Taxable  Other: \_\_\_\_\_  
(If for services, process through payroll) *\*If not a pre-approved option in the Payment Guidelines, use of Other requires prior guidance from the Aggie Service Center (asc@nmsu.edu)*  
 Award/Prizes\* - Taxable  Travel Reimbursement/Mileage-[Attach Worksheet](#)

### Other Payee (Not Paid to NMSU Student or Employee)

Allowance/Participant Pmt./Stipend\* - Taxable  Livestock or Feed\* - Taxable  Centrally Initiated  
 Award/Prizes\* - Taxable  Refund  Subcontracts EQ#: \_\_\_\_\_  
 Guest Payment\* - Taxable  Travel Reimbursement -[Attach Worksheet](#)  Other: \_\_\_\_\_  
 Honorarium\* - Taxable (candidate or non-vendor payment) *\*If not a pre-approved option in the Payment Guidelines, use of Other requires prior guidance from the Aggie Service Center (asc@nmsu.edu)*

I certify that charges herein are correct and that payment has not been received from any source.

Payee Signature, if required: \_\_\_\_\_

## SECTION 4: PAYMENT DETAILS

Business Purpose:

Index	Fund	Account	Amount
Total From Continuation Page			
Total			

## SECTION 5: APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator  Dean/VP/CC President  Designee **OR**

**For Aggie Service Center Units**  Dept Head/Dir  Principal Investigator (PI)

*Note: If payee is PI, Dept Head/Dir or above, payee's supervisor's signature is required*

## SECTION 6: REVIEW AND APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

