



# Payment Request

[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

Payee Aggie ID: \_\_\_\_\_ If no Aggie ID, enter NONE. Attach W-9 or [required tax forms](#).  
Payee Name: \_\_\_\_\_  
Payee Email: \_\_\_\_\_ Payee Phone: \_\_\_\_\_  
Payee Remit To: \_\_\_\_\_  
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: \_\_\_\_\_

### Student (Non-Employment Related)

Allowance/Participant Pmt./Stipend\*  Consignment Sales\*  Other: \_\_\_\_\_  
(If for services, process through payroll)  
 Award/Prizes\*  Travel Reimbursement/Mileage-[Attach Worksheet](#)

### Other Payee (Not Paid to NMSU Student or Employee) Check here if payee would like direct deposit. (Directions will be sent directly to Payee.)

Allowance/Participant Pmt./Stipend\*  Refund  Centrally Initiated  
 Award/Prizes\*  Travel Reimbursement -[Attach Worksheet](#)  Subcontracts EQ#: \_\_\_\_\_  
 Honorarium/Guest Payment\* (candidate or non-vendor payment)  Other: \_\_\_\_\_  
 Livestock or Feed\*

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: \_\_\_\_\_

