



Check Request (Not for Goods and Services)

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

Instructions: Use this form for all check payments that are not considered goods or services. 1) Complete all information on request. 2) Submit a ticket in Aggie Service Desk and attach form, backup and required tax documentation at <https://aschelp.nmsu.edu/>. 3) If tax documents are required, check the [Vendor Tax Form Status](#) lookup for existence of documents. Attach tax documents as a separate file.

SECTION 1: REQUESTOR INFORMATION

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

Requestor: _____ E-mail Address: _____

SECTION 2: REQUEST DETAILS

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

Aggie ID (if established): _____ Payee Name: _____

Remit To: _____
Name Address City, State, Zip

Please check one:

Taxable Transactions - Non Employee*	
<input type="checkbox"/> Honorarium	<input type="checkbox"/> Participant Payments (Paid to Participant)
<input type="checkbox"/> Stipend / Training Allowance	<input type="checkbox"/> Student Consignment Sales
<input type="checkbox"/> Awards	
* Required Tax Documentation	
<input type="checkbox"/> Non-Foreign Individual	W-9
<input type="checkbox"/> Foreign Individual	W-8BEN, Form 8233, Passport, U.S. Visa Copy, I-94
<input type="checkbox"/> Permanent Residents	W-9
<input type="checkbox"/> Tax Form on File	Check Vendor Tax Form Status

Nontaxable Transactions	
<input type="checkbox"/> Travel Reimbursements (Candidate or Non-Employee Received) <i>Attach worksheet</i>	<input type="checkbox"/> Participant Payment (Paid to Sponsor - Employee)
<input type="checkbox"/> Refunds	<input type="checkbox"/> Sub Contract Payments
<input type="checkbox"/> WAC Student Assistance	EQ _____
<input type="checkbox"/> Foundation Transfers	<input type="checkbox"/> Centrally Initiated Payments/Refunds

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

Payee Signature: _____ (signature required when payee is individual, unless candidate worksheet is attached)

Index	Fund	Account	Amount	Intended Purpose of the Payment / Description
Total				

SECTION 3: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____
 Dept Head/Dir Principal Investigator

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

SECTION 4: AGGIE SERVICE CENTER APPROVAL

Printed Name: _____ Signature: _____ Date: _____

Reset