



# 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\***

Honorarium  Participant Payments (Paid to Participant)

Stipend / Training Allowance  Student Consignment Sales

Awards  Student Consignment Sales

**\* 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 <a href="#">Vendor Tax Form Status</a>

**Nontaxable Transactions**

Travel Reimbursements (Candidate or Non-Employee Received)  Participant Payment (Paid to Sponsor - Employee)

*Attach [worksheet](#)*

Refunds  Sub Contract Payments

WAC Student Assistance EQ \_\_\_\_\_

Foundation Transfers  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