



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 (If for services, process through payroll) Consignment Sales* - Taxable Approved Insurance on Sponsored Award* - Taxable
 Award/Prizes* - Taxable Travel Reimbursement/Mileage-[Attach Worksheet](#) 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)

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](#) (candidate or non-vendor payment) 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)

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: _____

