



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: _____
 - Registration Fees
- *Should not exceed \$500*

Student (Non-Employment Related)

- Allowance/Participant Pmt./Stipend* - Taxable
 - 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](#)
 - 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: _____

