

**PAYMENT FOR SERVICES REQUEST**

**FOR U.S. CITIZENS**

**INDIVIDUAL PAYEE**

First Name       Last Name

Street Address

City       State       Zip

Loyola ID

(For non-employees a Social Security Number is required for 1099 reporting)

**ORGANIZATIONAL PAYEE**

Legal Name of Organization

Street Address

City       State       Zip

Federal ID Number

Amount $      Budget Number       Date of Service

Amount $      Budget Number       Date of Service

Amount $      Budget Number       Date of Service

What service was performed?

Who evaluated the service?

What materials were needed and who provided them?

Do we anticipate future services from this payee?

Budget Officer Signature Date

***RETURN COMPLETED FORMS TO ACCOUNTS PAYABLE***