



LOYOLA

UNIVERSITY MARYLAND

REQUEST FOR PAYMENT

Date: Payment Amount: \$

Payee Name:

Address:

City: State: Zip:

EIN/ Social Security Number*/Loyola ID:

*Last 4 digits only, call AP to provide full SSN if no W9 available.

Reason for Payment:

Worktags:

Spend Category: _____

Cost Center: _____

Activity: _____

Fund: _____

Program: _____

Grant/Gift/or Project (if applicable): _____

Authorized Signature

Date

Please email the receipt(s) or invoice(s) along with this check request to
accountspayable@loyola.edu

Credit card statements are not acceptable as proof of purchase

Please contact Accounts Payable at x1357 or x1378 if you have any questions regarding
the use of this form.