LOYOLA
UNIVERSITY MARYLAND

REQUEST FOR PAYMENT

Date: Payment Amount: $

Payee Name:

Address:

City: State: Zip:

EIN/ Social Security Number/Loyola ID:

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.