Massachusetts College of Liberal Arts

Notification of Payment Form

**CONTRACTOR:**

**Name:** Date:

**Address:**

**City:**  State: Zip Code: PO#:

|  |  |
| --- | --- |
| **Amount:****Description:****Description:****Total** | **Amount:** |

**Payment Options:** (Check one)

A. Hold Check for Originating Office \_\_\_\_\_\_\_\_\_\_

B. Mail Check \_\_\_\_\_\_\_\_\_\_

**Approved By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to Administration & Finance Office**

**Eldridge Hall**