

Massachusetts College of Liberal Arts

Notification of Payment Form

CONTRACTOR:

Name:

Date:

Address:

City:

State:

Zip Code:

PO#:

Description:	Amount:
<b>Total</b>	

Payment Options: (Check one)

- A. Hold Check for Originating Office
- B. Mail Check

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

Return to Administration & Finance Office  
Eldridge Hall