Massachusetts College of Liberal Arts

Notification of Payment Form

CONTRACTOR:		
Name:	Date:	
Address:		
City: State: Zip Code:	PO#:	
D 14		
Description:		Amount:
	Total	
Payment Options: (Check one)		
A. Hold Check for Originating Office		
B. Mail Check		
Approved By:		

Return to Administration & Finance Office Shapiro House