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**REQUEST FOR CHECK**

**Payee Name:**

**Address:**

**City:** **State:** **Zip:**

**Payee Loyola ID:** **Date: 2/20/12**

(For non-employees a Social Security Number is required for 1099 reporting)

**OR**

**Payee Federal ID Number:**

|  |  |  |
| --- | --- | --- |
| **BUDGET NUMBER** | **AMOUNT** | **DESCRIPTION** |
|  | **0.00** |  |
|  | **0.00** |  |
|  | **0.00** |  |
|  | **0.00** |  |
| **TOTAL** | **0.00** |  |

**Please attach all original receipts and return to Accounts Payable for processing.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Budget Administrator Signature Date**

**Signature stamps are not acceptable.**

**Individuals with Budget Authority and Control (which includes all Academic Department Chairpersons) can approve self-reimbursements up to $100.**

**Expense re-imbursements over $100 require a supervisor’s signature.**

**Credit card statements are not acceptable as proof of purchase.**

**Disbursements can be reached at x1351 or x1378 if you should have any questions.**