



**PAYMENT FOR SERVICES REQUEST  
FOR U.S. CITIZENS**

**INDIVIDUAL PAYEE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**ORGANIZATIONAL PAYEE**

Legal Name of Organization \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Federal ID Number: \_\_\_\_\_

Amount \$300.00

What service was performed? Off-campus supervision of Loyola SLP graduate student at  
\_\_\_\_\_ (add location, semester, year)

Who evaluated the service? Department of Speech-Language-Hearing Sciences Externship Director

What materials were needed and who provided them? Provided by the facility

Do we anticipate future services from this payee? yes

\_\_\_\_\_  
Budget Officer Signature

\_\_\_\_\_  
Date