university of baltimore
Office of the Comptroller

UB MEMORANDUM

To: Christina Kubilius, Payroll Processing Associate

From: _____

Date: _____

Subj: _____

Please set up the following memo payment as explained below.

Name	Position #	Empl ID	Record #	Contract Amt	Memo Payment Amt	Pay Period End Date Due

☐ **Check here if this payment is for the full amount listed on the contract**

Or

☐ **Check here if this is a partial payment**

According to the established memo payment schedule.

_____ _____

Authorized Signature **Date**

_____

Title

Updated: 5/13/14cwk
Contact Information:
Christina Kubilius ext. 6571

Mail Original to Academic Center Room 330