



George C. Gordon Library Payment Form
Circulation Department

Date: _____

Patron name: _____

Title of item(s): _____

Barcode numbers of item(s): _____

Please complete all that apply:

\$ ____ Lost item replacement fee

\$ ____ Overdue fines

\$ ____ Damaged item fee

Library Staff Signature: _____

Payment:

____ Cash

____ Check (make out to Gordon Library)

____ FOAPAL Account number: _____

____ Credit Card

**Credit Card payments must be made at Accounting Office (Boynton Hall)
AND stamped form must be returned to Library before account will be
cleared.**

Accounting Office only:

____ Visa

____ MasterCard

____ American Express

____ Other

Accounting Stamp: