

Credit Card Payment for iLab Invoice

Remit payment to this iLab invoice only if paying by credit card. If paying by check, PO or wire transfer, you will receive a separate JHU invoice. See instructions for payment methods below.

1. To pay by **Check, PO, or Wire Transfer**, remit payment to the official **JHU Invoice** and indicate **JHU Invoice #** (example invoice#: 1800000000)
2. To pay by **Credit Card**, chose Credit Card on payment method prompt of **iLab Invoice**. Provide payment through paywire and indicate **iLab Invoice #** (example invoice #: MSAPC - 1092364)

Invoice No: ERRL_2189645
Invoice Date: July 27, 2020
Lab: Sage, Jaime (SVI) Lab
Payment No: NONE

From: Express Radiology Research Lab To: Sage, Jaime (SVI) Lab / Jaime Sage
1220 Midland Rd STE 200
Round Rock, Texas, USA, 78681

show additional contacts

Invoice Total **\$300.00**
[Select Payment Method](#)

DATE	ITEM DESCRIPTION	PMT #	QTY	PPU	STATUS	TOTAL
Request: ERRL-JS-04	Start: July 27, 2020	Owner: Jaime Sage				
(2546853) July 27, 2020	Veterinary consultation		3.0	\$100.00/ea	Completed	\$300.00
Actual cost: \$300.00	Projected cost: \$0.00					Invoice cost: \$300.00

1 Open your iLab invoice from the link provided in an email from iLab. Click on Select Payment Method on the invoice.

Step 1: Select payment method

Credit Card
Select Payment Method
Credit Card
PO Number

Step 2: select charges to pay

All charges on the invoice Charges missing payment information

Charges Total: \$0.00

2 From the box that appears, select Credit Card from the drop-down menu

Step 1: Select payment method

Credit Card

Step 2: Select charges to pay

All charges on the invoice Charges missing payment information

Charges Total: \$300.00 [Preview charges \(1\)](#)

Step 3: Set Payment Information (JHU)

By clicking on Pay by Credit Card you will be transferred to a secure credit card processing system to

[Pay with a credit card](#)

3 Follow steps 2 & 3. By selecting Pay with a credit card, you will be re-directed to PayWire

JOHNS HOPKINS UNIVERSITY

Payment Information

Amount to be Paid: \$ 300.00

Payment Method

[Credit Card](#)

VISA MASTERCARD DISCOVER

Card Holder Name:
Jeffrey Smith
Full name as displayed on card

Card Number: Expiration Date:
MM/YY

Zip Code:

Cancel Next

4 Fill in the required information and hit the Next button and finalize your transaction.