

AGENCY PAYMENT VOUCHER

Date: _____

Payable To:

Name:	_____
Address:	_____
Internal Zip:	_____
Phone:	_____
E-Mail:	_____
Contact Name:	_____

NOTE: All information must be filled out and all original backup paperwork must be provided in order to process any payment including any/all receipt for goods or services.

INVOICE	DATE	DESCRIPTION	TOTAL

Mail Check _____ Check to be picked up: _____

Pick Up contact name & number: _____

Agency Department Code: _____

Agency Department Name: _____

Account Owner: Signature: _____ Date: _____
(President)

Print name: _____

2nd Approver: Signature: _____ Date: _____
(VP or Treasurer)

Print name: _____

If over \$2,500.00:

Student Affairs Rep: Signature: _____ Date: _____

Print name: _____

NOTE: All information must be filled out and all original backup paperwork must be provided in order to process any payment including any/all receipt for goods or services. Please email completed form along with all documents to usg_agencyaccounts@stonybrook.edu

