

# AGENCY PAYMENT VOUCHER

## FACULTY STUDENT ASSOCIATION

STONY BROOK UNIVERSITY  
WEST SIDE DINING - 2nd FLOOR  
STONY BROOK, NY 11794-4460  
631-632-1230

Date: \_\_\_\_\_

**Payable To:**

Name	
Address	
Internal Zip	
Phone	
E-Mail	
Contact Name	

**NOTE: All information must be filled out and all original back-up 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: \_\_\_\_\_

Contact P/U name & number: \_\_\_\_\_

Agency Department Code: \_\_\_\_\_ G/L Expense: \_\_\_\_\_

Agency Department Name: \_\_\_\_\_

1<sup>st</sup> Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

2<sup>nd</sup> Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**If over \$1,000.00:**

Final Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

