



Office of the Controller
460 Administration Building
Stony Brook, NY 11794-1151

CASH PAYMENT VOUCHER AUTHORIZED SIGNATURES

FOR FISCAL YEAR JUNE 1, 2025 - JULY 30, 2026

Department Name _____ Date _____
Department Zip _____ Phone _____
Account Number(s) _____ Fax _____

Table with 3 columns: Printed or Typed Name of Authorized Signatory, Special Restrictions, Signature. Rows 1-8.

I hereby authorize the above individuals to approve all cash payment vouchers for my department in accordance with the above limitations and fiscal year specified.

Printed Name of Department Head _____ Signature of Department Head _____ Date _____

I hereby authorize the above individual to approve all the authorized signatories listed above.

Printed Name of Dean/Chairperson Vice President/President _____ Signature of Dean/Chairperson Vice President/President _____ Date _____

Return to: Cash Disbursements, Office of the Controller, Room 460, Administration Building Z=1151