

USG AGENCY PAYMENT VOUCHER

229 STUDENT ACTIVITIES CENTER
STONY BROOK, NY 11794-4460
usg_agencyaccounts@stonybrook.edu

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: _____

Agency Department Name: _____

1st Approver: Signature: _____ Date: _____

Print name: _____

2nd Approver: Signature: _____ Date: _____

Print name: _____

If over \$1,000.00:

Final Approver: Signature: _____ Date: _____

Print name: _____

