



# VOUCHER

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**UNDERGRADUATE STUDENT GOVERNMENT (USG)**UNIVERSITY AT STONY BROOK  
STUDENT ACTIVITIES CENTER, SUITE 202  
STONY BROOK, NY 11794-2800

\*\*\*\*PLEASE USE A SEPARATE VOUCHER FOR EACH VENDOR\*\*\*\*

DATE OF REQUISITION \_\_\_\_\_

\*\*\*\*\* ALL VOUCHERS REQUIRE A MINIMUM OF 5 BUSINESS DAYS TO PROCESS\*\*\*\*\*

631-632-6475/6476/9819

NAME OF CLUB/ORGANIZATION/TEAM: \_\_\_\_\_

ACCT. # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

NAME OF EVENT / MEETING: \_\_\_\_\_ PLACE / ROOM #: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

SUPPLIER / PERSON (IF NOT SUPPLIER):

NAME: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE CHECK IS NEEDED BY: \_\_\_\_\_

W-9 on file YES \_\_\_\_\_ REQUESTED \_\_\_\_\_

**BRIEF DESCRIPTION OF MATERIAL / SERVICE REQUISITIONS**

	# OF ITEMS (A) X	UNIT COST (B)	TOTAL COST = (C)

CHECK TO BE MAILED:  PICKED UP: TOTAL PAYMENT  

\*\*\*\*\*REQUIRED – CHECKS WILL NOT BE APPROVED WITHOUT JUSTIFICATION BELOW\*\*\*\*\*

JUSTIFICATION FOR ABOVE PURCHASES, I.E. HOW THIS PURCHASE FULFILLS YOUR ORGANIZATION'S MISSION OR PURPOSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK # _____ DATE: _____
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CHECK RECEIVED BY: _____ DATE: _____
PRINT NAME: _____

UNDER PENALTIES OF PERJURY, WE CERTIFY THAT ALL INFORMATION, PROVIDED HEREIN, IS OFFICIAL AND MEETS WITH THE POLICIES AND PROCEDURES OF USG.

PRESIDENT: \_\_\_\_\_ SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Approvals: **USG Front Desk** \_\_\_\_\_**USG Administrative Director:** \_\_\_\_\_**USG Treasurer:** \_\_\_\_\_**USG Accounting:** \_\_\_\_\_