



VOUCHER

All vouchers must be accompanied by supporting minutes/ attendance

UNDERGRADUATE STUDENT GOVERNMENT (USG)

STUDENT ACTIVITIES CENTER, SUITE 202
STONY BROOK, NY 11794-2800
631-632-6475/6476/9819

DATE OF REQUISITION

NAME OF CLUB/ORGANIZATION/TEAM:

ACCT.# CONTACT PERSON: TEL. #

HOWS IS THE REQUISITION RELATED? ADVANCE CONTRACT INVOICE PO REIMBURSE COSPONSOR

NAME OF EVENT/MEETING:

MOTION NUMBER:

PLACE/ROOM #:

MADE BY: MADE BY:

DATE OF EVENT:

DATE OF MEETING:

SUPPLIER / PERSON (IF NOT SUPPLIER):

NAME:

Special Instructions:

ADDRESS:

SS # (If payment is made to an individual)

W-9 on file? YES REQUESTED

BRIEF DESCRIPTION OF MATERIAL/SERVICE REQUISITIONED (FOR CAR/BUS RENTAL INDICATE # OF DAYS)

	# OF ITEMS (A) X	UNIT COST (B)	TOTAL COST = (C)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL PAYMENT

UNDER PENALTIES OF PERJURY, WE CERTIFY THAT ALL INFORMATION, PROVIDED HERIN, IS OFFICAL AND MEETS WITH THE POLICIES AND PROCEDURS OF USG.

PRESIDENT: _____ TREASURER: _____

CHECK #: _____ Date: _____

Print Name: _____ Print Name: _____

CHECK RECEIVED BY: _____ Date: _____
PRINT NAME: _____

SECRETARY: _____ DATE:

Print Name: _____ CHECK TO BE MAILED: PICKED UP:

Approval of any fiscal commitment by the Stony Brook Undergraduate Student Government contained herein indicated compliance with the provisions of Policy for Student Activity Fees and does not constitute a fiscal obligation of the State of New York or the Faculty Student Association.

For Office Use Only:

Minutes/ Attendance/ Office Signatures: AT Initials: _____ Date: _____ INVOICE #: _____

Funds Encumbered Acctg Initials: _____ Date: _____ PO#: _____

Comments: _____ CONTRACT #: _____