

# FSA AGENCY PAYMENT VOUCHER

FACULTY STUDENT ASSOCIATION STONY  
BROOK, NY 11794-4460  
fsa\_agency\_accounts@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: \_\_\_\_\_

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: \_\_\_\_\_

