

# AGENCY PAYMENT VOUCHER

**AUXILIARY SERVICES CORPORATION**  
STONY BROOK UNIVERSITY  
SHOP RED WEST (MELVILLE LIBRARY, LOWER LEVEL)  
STONY BROOK, NY 11794-3395  
631-632-6435

Date: \_\_\_\_\_

**Payable To:**

Name	
Address	
Internal Zip	
Phone	
E-Mail	
Contact Name	

**NOTE: All information must be filled out and all original backup 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: \_\_\_\_\_

Pick Up Contact name & number: \_\_\_\_\_

Agency Account Code: \_\_\_\_\_

Agency Account Name: \_\_\_\_\_

1<sup>st</sup> Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

2<sup>nd</sup> Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**If over \$2,500.00:**

Final Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**NOTE: All information must be filled out and all original backup paperwork must be provided in order to process any payment including any/all receipt for goods or services. Please email completed form along with all documents to [usg\\_agencyaccounts@stonybrook.edu](mailto:usg_agencyaccounts@stonybrook.edu)**