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PAYMENT REQUEST VOUCHER

NAME OF ORGANIZATION:

PAYABLE TO:**Address:**

CITY

STATE

ZIP CODE

Check One

Prebill

Vendor Invoice

Reimbursement

VENDOR INVOICE #:**DATE OF INVOICE:**

DATE OF PURCHASE	DESCRIPTION (Give Complete Specifications)	BUDGET LINE	AMOUNT
TOTAL AMOUNT:			

APPROVAL FOR PAYMENT

● I hereby certify that the above goods, services or expenses have been received, rendered or incurred to my satisfaction. All appropriate invoices, purchase requisitions, purchase orders, prior approvals, etc. are attached as required by the fiscal guidelines of the Bernard M. Baruch College Association, Inc. and the bylaws and fiscal guidelines of the Board of Trustees of the City University of New York. The indicated cost is appropriately chargeable to the indicated budget line in accordance with the above stated fiscal guidelines.

Authorized Signature (1)

Print Name

Title

Date _____

Authorized Signature (2)

Print Name

Title

Date _____

Authorized Signature (3)

Print Name

Title

Date _____

FOR STUDENT SERVICES ACCOUNTING UNIT USE

ACCOUNT
CODE:

AMOUNT:

BY:

DATE:

CHECK
NUMBER