



## PAYMENT REQUEST & VOUCHER

Health Science Center at Brooklyn Foundation, Inc.

(Fill out the Form electronically, print and sign. Mail completed form to MSC 1219 or hand deliver to Student Center, Room 2-09)

Check #:

Check date:

DATE OF REQUEST:

REQUESTOR:

ORGANIZATION OR  
DEPARTMENT:

PROJECT NUMBER  
TO BE CHARGED:

PROJECT  
TITLE:

TOTAL CHECK  
AMOUNT:

CHECK DRAWN  
PAYABLE TO:

PICK UP CHECK AT HSCBF OFFICE

Payee name:

Address:

1) attach original invoice

2) attach receipt of goods or services

City, State, Zip:

**PURPOSE** - BE SPECIFIC ABOUT PURPOSE, AND ATTACH ANY AND ALL NECESSARY ADDITIONAL SUPPORTING DOCUMENTATION, SUCH AS LETTERS OF EXPLANATION/JUSTIFICATION, MEETING MINUTES, CONTRACT, ETC.

**NOTE** - ADVANCES, WHEN APPROVED, MAY BE ISSUED, HOWEVER RECEIPTS MUST BE SUBMITTED WHEN RECEIVED. FAILURE TO RETURN RECEIPTS WILL RESULT IN ACCOUNT BEING FROZEN.

AUTHORIZED

SIGNATURE

Name (please type or print)

Organization Title

### WHEN SECOND SIGNATURE IS REQUIRED BY ORGANIZATION:

AUTHORIZED

SIGNATURE

Name (please type or print)

Organization Title

### DO NOT WRITE BELOW THIS LINE - FOR HSCBF OFFICE USE ONLY

ACCOUNT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT

CHECK RECEIVED BY

DATE

BATCH #