Faculty Student Association of DOWNSTATE

Faculty Student Association (FSA)
Payment Form

FSA Office Use Only

Check #: _____

Check Date: _____

Typed Forms Only: Submit completed form to Business Office: mail to MSC1219 or hand deliver to Student Center, Room 2-09. An advance copy by fax or scan/ eMail can initiate processing, but check will not be disbursed until fully signed hard copy is received. General form Instructions link SAF instructions link

DATE Prepared: _____

(Account Type:check one) ☐ FSA Direct Operation
☐ FSA Trust and Agency (T&A)
☐ FSA Student Activity Fund (SAF)

ORGANIZATION, DEPT.
or STUDENT COUNCIL NAME: _____

ACCOUNT NUMBER
TO BE CHARGED: _____ Account Title/Club Name: _____

TOTAL Check Amount: _____ CHECK PAYABLE TO (Payee Name): _____

1) Attach **Original** Invoice(s)
2) Attach Any/All Receipt(s) for Goods or Services

check one: ☐ PICK UP CHECK AT FSA OFFICE or ☐ mail check to:

Address: _____

_____

City, State, Zip: _____

PURPOSE: Must be a specific and clear description of this payment/ transaction. Attach any and all applicable supporting documentation, such as letters of explanation/ justification, invoices, meeting minutes, contract, etc.. Note: Advances, when approved, may be issued with receipts to be submitted. Failure to submit receipts will result in account being frozen.

Authorized Signature: _____ ORGANIZATION Title: _____
Print Name: _____

WHEN JOINT SIGNATURE IS REQUIRED BY ORGANIZATION:

Authorized Signature: _____ ORGANIZATION Title: _____
Print Name: _____

This section is for FSA OFFICE USE ONLY:

ACCOUNT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT

Check Received By: _____ Date: _____