SUNY Downstate Medical Center - Office of Development & Philanthropy
Checklist for Payment Request & Voucher: Documents Needed

HSCB Foundation Payment Request & Voucher Details

Account #: ___________________ Amount $: ___________________ Date: ___________________

### Reimbursements

- **Original itemized receipts** specifying item/s for reimbursement.
- **Incomplete credit card receipts may be supported with Credit Card statements** showing amount paid, date paid, vendor/purchase, card holder name and partial card number (e.g. last 4) for reimbursement (may redact other information).
  - *Do not attach Credit Card statements showing the entire Credit Card Number. Mark through all but the last 4 digits anywhere the card number is shown.*
- **Flyer or notice of event** (for honoraria, events) required for payment or reimbursement
  - *All receipts need to show the method of payment, and paid in full or zero balance

### Payments to Vendors for Products or Services or Individuals for Services Rendered

- **Original Vendor Invoice with unique invoice #** detailing specific, per item costs (for payment to a vendor or individual) made out to the HSCB Foundation, Inc.
- **Letter/memo of Justification** (for contracted payments, services, honoraria, events)
- **W9** (for payment to an individual for services rendered)*
- **IRS 20 Question form** for payments to independent contractors, honoraria*
  - *For honoraria for foreign national speakers without SSN#/TIN – omit W9/IRS 20 Questions and note “Not a Citizen” in the lower right hand corner of the Payment Request & Voucher Purpose Section.*
- **Flyer, agenda, other event documentation** is required when paying vendors associated with an event.
  - *All contracts for independent contractors, venues for events, catering, etc. require Downstate Counsel review and must have HSCB Foundation approval before official confirmation or work can begin.
  - *No tax is allowed on payments to vendors
  - *SS#/TIN/EIN, when needed, may only appear on the W9 or IRS 20 Questions forms. In addition, copies of SS# should not be emailed or retained.

### Scholarships/Awards

- **Summary memo/letter** from a) the Committee Chair to the Signator or b) the Signator to the HSCB Foundation that includes: 1) the account name, 2) the account number, 3) the recipient/s’ name/s, 4) amount/s of award/s, and 5) list of attachments
- **Committee member list is required**
- **Criteria** for selection is required
- **Signature** sheet is required
  - **Call for applications is strongly recommended**, please attach copy; if a call for applications was not done, an explanation is required (may be included in summary memo) detailing the process for determining the pool of potential candidates.
- **W9 is required** with the **permanent address** (which must also be on the Payment Request & Voucher)
  - **SS#/TIN/EIN may only appear on the W9 form. In addition, copies of SS# should not be emailed or retained.**

### Events, Meetings, Reimbursed Meals, Travel

- **Flyer/notice of event/agenda** is required
- **Expense sheet** is required
  - **Ticket Receipts** are required and must show date/time/location of travel or corroborating documentation showing date/time/location of travel must be provided
- **Letter/memo of Justification** is required
  - **An attendance sheet** is required for meals, refreshments, and meetings

### All Payment Request & Vouchers & General Considerations

- *Payment must be consistent with the purpose on file for the account*
- *There must be sufficient funds in the account to pay the Purchase Request & Voucher*
- *The Payment Request & Voucher must be signed by the number of current signators required by the account*
- *The Payment Request & Voucher must be filled in completely*
- *The Purpose Section of the Payment Request & Voucher must provide enough detail so a reviewer with no prior knowledge has a clear understanding of the Request.*
- *Downstate Employees may receive reimbursement but may not directly be paid for services rendered*

Other: ____________________________________________

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