

PAYMENT VOUCHER

(This form must NOT be used as a purchase requisition to request purchase orders.) For Miscellaneous Payments ONLY.

ALL APPLICABLE FIELDS MUST BE COMPLETED TO AVOID ANY DELAY IN PROCESSING YOUR REQUEST

Type in today's date

If PTA, expenditure type and authorized signature are missing, payment voucher will be returned for completion..

Date

Supplier: Type in supplier name

(Supplier may be an Organization, Independent Contractor, or RF/SUNY Employee)

Address: New York

Street Apt. # City State Zip Code Phone No.

PAYMENT METHOD AND CHECK DISTRIBUTION INFORMATION

Currently enrolled in the Research Foundation's electronic payment program? YES NO DON'T KNOW

(If you are not currently enrolled in RF's electronic payment program or you don't know, you MUST complete this entire section.)

MAIL CHECK TO OR RETURN CHECK TO CAMPUS

Name: Name of recipient

Name: _____

Address: Recipient's location

Mail to MSC: _____

Street Apt. #
New York
City State Zip Code

OR

Call for pickup - Phone#: _____

For information about RF's electronic payment program, inquire within the Office of Research Administration (ORA)

FINANCIAL INFORMATION (use additional paper if required)

	Amount	Project	Task	Award	Expenditure Type	Organization	Principal Investigator
Expense 1	<u>Type in</u>	<u>project</u>	<u>Task</u>	<u>Award</u>	<u>Refer to Expenditure type list</u>	<u>Type in department associated with</u>	
Expense 2						<u>award</u>	
Expense 3							
Total	\$ 0.00						

DO NOT FILL IN GREY AREAS (FOR OFFICIAL USE ONLY)

TRANSACTION DESCRIPTION

Detailed description of good(s) / service (INCLUDE ALL ORIGINAL SUPPORTING DOCUMENTATION)	Total
<u>Description of goods / service</u>	
Grand Total	\$ 0.00 <u>Total cost of order</u>

DEPARTMENT / PROGRAM AUTHORIZATION

Preparer (Print Name): Your name here Date: Current date Department: _____
 Phone #: Contact number Note to ORA: _____
 Authorized Signature: Authorized person's signature Date: Current Date
 Print Name: Print authorized person's name Phone #: Contact number of authorized person

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Business Purpose (for Individual Reimbursement ONLY):

Supplier Type	Supplier Classification	Expenditure Tax Classification
US Supplier <input type="radio"/>	RF/SUNY Employee <input type="radio"/>	Reportable <input type="radio"/>
Foreign Supplier <input type="radio"/>	Company <input type="radio"/>	Nonreportable <input type="radio"/>
	Independent Contractor <input type="radio"/>	
	Other (Explain) <input type="radio"/>	

For Foreign Supplier ONLY

Foreign Entity Non-Resident Alien (NRA) Country: _____

Sourcing	Tax Exempt Treaty	Tax Withholding	1042-S Code (for NRA only)
US Source <input type="radio"/>	Yes <input type="radio"/>	Yes <input type="radio"/>	1042-S Tax Type: IN
Foreign Source <input type="radio"/>	No <input type="radio"/>	No <input type="radio"/>	1042-S Tax Rule: _____
		Percent: %	

Grant Manager _____ Date _____

Director - Post Award _____ Date _____

Approver (in Grant Manager's absence) _____ Date _____

Associate Vice President / Operations Manager _____ Date _____