

Brockport Auxiliary Service Corporation
VOUCHER DECLARATION AND REQUEST FOR PAYMENT

VOUCHER DECLARATION

I hereby certify that the items covered by this request for payment were received and that payment is approved.

AUTHORIZED SIGNATURE

DATE APPROVED

REQUEST FOR PAYMENT

All requests for payment received by **9:00 a.m. on Tuesday** will be processed for payment in that week's check run (printed on Tuesday with Wednesday's date). In case of emergency need, checks can be cut individually before the normal weekly check run.

* * * ORIGINAL INVOICES/RECEIPTS MUST BE ATTACHED * * *

Information printed on check:

Payee: _____ **Invoice #:** _____

Address: _____ **Invoice Date:** _____

_____ **Description of Purchase/Service:** _____

COST CENTER(S) AND BUDGET LINE(S) TO CHARGE

AMOUNT(S) TO CHARGE

_____ . _____ . _____ \$ _____

_____ . _____ . _____ \$ _____

_____ . _____ . _____ \$ _____

CHECK TOTAL \$ _____

Requests for payment received by the A/P Clerk without the required signature or the allocation of the total amount due by cost center and budget line will be returned and processing of payment will be delayed.

Check Distribution Instructions (check one method for check distribution):

Mail check to payee.

Send check to me.

Call me at # _____ when check is ready and I'll pick it up.