

Student Association
 SUNY Polytechnic Institute
 100 Seymour Rd
 Utica, New York 13502

PURCHASE VOUCHER

SA OFFICE USE ONLY

Date: _____
 Voucher Number _____

Vender/Payee Information:

Name _____
 Address _____

Sponsoring Group Name _____
 Line Number _____

Vendor/Payee ID Number _____

Description (reason for purchase, model #, color, size, etc.)	Quantity	Unit Price	Amount
<p>Date of the event:</p> <p>Receipts or Invoice must accompany this form in order to be processed. (If more space is needed, attach additional sheet on plain paper)</p>			
			Total Voucher Amount \$

Pick up check
 Mail check to vendor/ payee
 Mail tax exempt certificate
 Process credit card

Name and Email of person picking up the check:

<i>Sponsoring Group's Treasurer Signature</i>	<i>Date</i>	<i>Sponsoring Group's Advisor Signature</i>	<i>Date</i>
<i>SA Authorized Signature</i>	<i>Date</i>	<i>Student Association Advisor Signature*</i>	<i>Date</i>

*The approval by campus officials indicates only that the purpose of the fiscal commitment is in compliance with the provisions of the Trustees policy governing student activity fees and that the commitment does not constitute a fiscal obligation of the State of New York.

SA Treasurer Use Only

COLLEGE ASSOCIATION USE ONLY				
Date Received	CA Pre-Audit	Approval	Disbursement Information	Delivery Information
			Check No.	Authorized Receiver <i>Date</i>
	Check Date		CA Office Initials	<i>Mailing Date</i>