



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

Date _____

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

Address: _____
 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: _____

Address: _____

Mail to MSC: _____

Street Apt. #

OR

City State Zip Code

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							
Expense 2							
Expense 3							
Total					DO NOT FILL IN GREY AREAS (FOR OFFICIAL USE ONLY)		

TRANSACTION DESCRIPTION

Detailed description of good(s) / service (INCLUDE ALL ORIGINAL SUPPORTING DOCUMENTATION)	Total
Grand Total	

DEPARTMENT / PROGRAM AUTHORIZATION

Preparer (Print Name): _____ Date: _____ Department: _____
 Phone #: _____ Note to ORA: _____

Authorized Signature: _____ Date: _____
 Print Name: _____ Phone #: _____

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Business Purpose (for Individual Reimbursement ONLY):

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

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="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1042-S Tax Type: IN
Foreign Source <input type="checkbox"/>		Percent: %	1042-S Tax Rule: _____

Grant Manager _____ Date _____

Director - Post Award _____ Date _____

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

Associate Vice President / Operations Manager _____ Date _____