

BC Member Organization Payment Request 146 Boylan Hall Phone: (718) 951-5000x3272 Fax: (718) 951-4440 Email: fbsc@brooklyn.cuny.edu Effective Date: September 28, 2010

Member Organization Account Name		Account Number Refe		questions to:	uestions to:			ne No.	Date
Payable To:									
Vendor Name	or Name Address		City	State	Zip	Telephone No.		SSN	
						Fax No.		FEIN/TIN	I

Invoice Date	Description	Amount

Total:

Authorized Signature:	
Authorized Signature:	

For FBSC use only. Do not write below this line.

Expense Code and Amount	Expense Code and Amount	Expense Code and Amount				
Voucher Number	Voucher Date	Vendor ID				
Check Number	Check Number Check Date					
Checked By:						