Graduate Student Research & Creative Project Award

STANDARD VOUCHER

New Paltz
STATE UNIVERSITY OF NEW YORK
Office of Accounts Payable, Haggerty 304

Voucher # _____ Requisition # _____
Account # 911553-07 Account # _____

All gray areas must be completed prior to submitting this form.

Payment Date (MM/DD/YY) _____ OSC Use Only _____
Payee ID (non employee) Insert Banner ID-->N00000000 Orig. Agency Code 28210

Payee Name Hawk (Last) Jane (First) MI Suffix Graduate Student (Title)
Address (to mail check to) Mailing Address where you would like reimbursement (Street) sent (City) State Zip
Reason for Expenditure GRADUATE STUDENT RESEARCH & CREATIVE PROJECT AWARDS
Department Graduate, Professional & Interdisciplinary Studies

DESCRIPTION OF MATERIAL/SERVICE Use additional sheet if necessary, and carry total forward.	QUANTITY	UNIT PRICE	AMOUNT
REIMBURSEMENT FOR PURCHASES MADE FROM:			$ 0.00
			$ 0.00
1. INSERT NAME OF 1ST VENDOR FROM THE RECEIPT			$ 0.00
			$ 0.00
			$ 0.00
2. INSERT NAME OF THE 2ND VENDOR FROM THE RECEIPT			$ 0.00
			$ 0.00
			$ 0.00
3. INSERT NAME OF THE 3RD VENDOR FROM THE RECEIPT			$ 0.00
			$ 0.00
			$ 0.00
GRADUATE STUDENT RESEARCH & CREATIVE PROJECT AWARD			$ 0.00
Reimbursement NOT to exceed $_____ (award amount in your letter)			$ 0.00
			$ 0.00

TOTAL $ $ 0.00

RCPA recipients must sign under the "PAYEE'S CERTIFICATION" section

PAYEE'S CERTIFICATION

I hereby certify that all the above account and schedules are just, true, and correct; that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my authorized official duties.

Signature _____ Date _____ E-mail _____ Work Phone _____

SUPERVISOR'S CERTIFICATION

I, the claimant's supervisor, certify this account has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the claimant's authorized official duties.

Signature _____ Date _____ Name & Title (Print/Type Legibly) _____

EXPENDITURE		
ACCOUNT#	SUB OBJECT	AMOUNT

STATE COMPTROLLER'S PRE AUDIT
Certified for payment by _____

For Agency Finance Office Use Only
I certify that this claim is correct and just and that this payment is approved
By _____
Authorized Signature
Title _____
Date _____