

# Stony Brook University **USG**

## Office of the Treasury/Lost Receipt Form

Club Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Vendor/Supplier Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I do hereby attest that payment was made in the amount of \$ \_\_\_\_\_ for Services and goods to the aforementioned vendor/supplier

Club President:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Club Treasurer:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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For Office Use Only

Voucher # \_\_\_\_\_

\_\_\_\_\_  
Approved/Denied

\_\_\_\_\_  
USG Treasurer

\_\_\_\_\_  
Date