



Brooklyn College Association Inc. Payment Request Form
Central Depository/Athletics & Recreation/Health Clinic
 2900 Bedford Avenue • Brooklyn, NY 11210
 Effective Date: June 23, 2014

Account Name	Account Number	Line Number	Refer Questions To	Telephone Number	Date
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Payable To:

Vendor Name	Address	City	State	Zip Code
Telephone Number	Fax Number	SSN	FEIN/TIN	

Invoice #	Date	Description	Amount

Total	
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 President's Signature

REF#

 Treasurer's Signature

PO#

 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 Date	Check Amount

Checked by: