



INSTRUCTIONS FOR RECEIPTS TRANSMITTAL FORM

1. Name and Address: The payer's complete name and address should be entered in this area, with the city, state and zip code. If the payer is a company, a contact person's name should also be included. Do not use abbreviations in the name or street address. This information is required for loans, reimbursements, and if the Department wants this information to appear in the monthly account fees. For batch deposits, this information is not required. A description of the fee deposit is preferred.

2. Purpose of Fee/Reimbursements: Include a description of the purpose of the fee or reimbursement and attach supporting documentation. Reimbursement of a travel advance, telephone usage and a deposit of a vendor payment.

3. Account Number: Enter the six-digit People Soft general ledger account number to which the fee should be deposited. If a Fee/Reimbursement is to be split between multiple accounts, please add the second account and number to the bottom half of the form.

4. Account Title: The title of the account to which the deposit will be applied.

5. Amount Deposited: The full amount of fee/reimbursement to be deposited into SBF account should be entered in this area.

6. Date Received: Enter the date the gift was received.

7. Account Director/Authorized Signature: The name of person designated as account director or authorized signer and may be contacted if additional information is required regarding this fee.

8. Check Number: The check number should be entered here as an aid in matching checks with forms if they become separated.

9. Department Name: Enter the name of your department.

10. Phone: The phone number of the contact person.

Note: (1) Any fee received by a University of Stony Brook Department or Program should be forwarded immediately to the Stony Brook Foundation Business Office, 230 Administration Building, Z=1188. A SBF Receipt Transmittal Form must accompany each deposit in order that the proper account is credited. The original letter and/or other substantiating documentation must accompany each deposit. Checks for deposit into an SBF account should be made payable to "The Stony Brook Foundation", or be so endorsed.

(2) **SBF Policy on Returned Checks:** Any check returned by the bank to SBF for uncollected funds, revenue credited to the account will be reversed, and a returned check charge of \$15.00 will be debited to the account. It is the responsibility of the Account Director to collect the unpaid funds as well as any reimbursement of the returned check penalty.



**Stony Brook
Foundation**

RECEIPTS TRANSMITTAL FORM

Stony Brook Foundation
Business Office, Rm 230
Admin. Bldg, Z=1188
(631) 632-6536

RECEIVED FROM

NAME:										
STREET ADDRESS: 1										
CITY, STATE, ZIP:										
CONTACT PERSON:										
PURPOSE		<input type="checkbox"/> FEES								
EXPLANATION OF TRANSACTION		<input type="checkbox"/> REIMBURSEMENT								
2										
IMPORTANT: ATTACH COPIES OF ANY CORRESPONDENCE AND ENVELOPES										
ACCOUNT NO. 3	ACCOUNT TITLE 4	TOTAL AMOUNT 5								
DATE RECEIVED: 6	ACCOUNT DIRECTOR/AUTHORIZED SIGNATURE 7	CHECK NO. 8								
DEPARTMENT NAME 9		DEPT. PHONE NO. 10								
INTEROFFICE USE										
DEPOSIT ID										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>										
INPUT BY: _____		DATE: _____								

CASHIER'S REFERENCE

R 000000

Distribution: White: SBF Business Office; Yellow: Department