



**INVOICE PAYMENT VOUCHER**  
**Fiscal Sponsorship Program - Emerging Organizations**  
 Complete sections 1-5. Please type or print legibly.

**1** **Organization Name:** \_\_\_\_\_  
**Group Number:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Phone or email:** \_\_\_\_\_

Payment Schedule
Requests received by <b>5PM</b> <b>Friday</b> will be issued on Tuesday (after 4PM).

**2** **Payment Request Instructions:**  
 ► **Services payments** (a payment to an independent contractor or business performing a service) Attach invoice with following information: taxpayer identification number (TIN) from independent contractor or business providing services, date(s) of service, and payment amount. If business' legal status unclear, you must also provide Form W-9 to verify tax status.  
 ► **Vendor payments** (a payment to a third party for goods) Copies of invoices must be attached (no originals).  
 ► For reimbursement of out-of-pocket expenses you must use a **REIMBURSEMENT VOUCHER**.  
 ► **Check Dispersal section (see section 4 below) must be completed in order to process each check request.**

Please make check payable to: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ Incorporated? Yes  No  if no then **SS# or EIN:** \_\_\_\_\_

**3** Please circle an expense account code number: \_\_\_\_\_ Explanation: \_\_\_\_\_

Administration:					Program Related:					For NYFA Use Only
1182	5270	5310	5441	5481	6110	6228	6310	6441	6480	Vendor #: _____
2136	5271	5320	5442	5541	6200	6232	6320	6442	6510	Processed by: _____
2137	5273	5330	5443	5580	6210	6237	6330	6443	6520	Balance: _____
2138	5275	5350	5450	5593	6220	6240	6350	6450	6540	Finance Officer: _____
5110	5290	5410	5460	5600	6221	6250	6410	6460	6541	Program Officer: _____
5200	5295	5420	5466	7400	6223	6262	6420	6466	6544	
5210	5296	5430	5470	8400	6226	6263	6430	6470	6580	
5240	5297	5436	5480	9100	6227	6270	6436	6476	6600	
Other (please fill in): _____					Other (please fill in): _____					

**4** **Check Disbursement** (please check one):

Pick up after 4 PM by Org.                       Pick up after 4 PM by Payee  
 Special Instructions:                               Mail to Organization                       Mail to Payee (a self-addressed, stamped envelope **with any correspondence (including a separate invoice) inside** must be provided).

**5** Authorized Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_