



**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:						
CITY, STATE, ZIP:						
CONTACT PERSON:						
PURPOSE		<input type="checkbox"/> FEES				
EXPLANATION OF TRANSACTION		<input type="checkbox"/> REIMBURSEMENT				
IMPORTANT: ATTACH COPIES OF ANY CORRESPONDENCE AND ENVELOPES						
ACCOUNT NO.	ACCOUNT TITLE	TOTAL AMOUNT				
DATE RECEIVED:	ACCOUNT DIRECTOR/AUTHORIZED SIGNATURE	CHECK NO.				
DEPARTMENT NAME		DEPT. PHONE NO.				
<b>INTEROFFICE USE</b>						
DEPOSIT ID						
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>						
INPUT BY: _____		DATE: _____				

CASHIER'S REFERENCE

R 000000

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