

Southern Illinois University Edwardsville
AP INVOICE DISTRIBUTION
[FORM INSTRUCTIONS](#)

Please complete the following information, attach the original invoices (s), and **submit to ap@lists.siu.edu**, or if necessary, forward to the AP Office, Box 1003. Questions? Please call AP at ext. 2585.

Department Contact Information: Name: _____ Department: _____ Phone: _____ Box: _____ Email: _____
 Supplier Name: _____ TIN or SSN: _____
 Supplier Remit Address: _____
 Total Dollar Amount: _____ PO Number: _____ Payment To: _____

[AIS VENDOR SEARCH](#) [VENDOR SEARCH INSTRUCTIONS](#)

Is the payment to or on behalf of an U.S. Citizen/Permanent Resident or an U.S. based entity? Yes No Is the payment to an individual ,for a service provided to the university, being applied against their Social Security Number? Yes No N/A
 Is this supplier, or a family member of the supplier, currently an employee of any SIU campus? Yes No

Dates of Service: Beginning/Ordered _____ Ending/Received _____ Send Attachments with Check

Description of Goods or Services: _____

Special Handling/Notes to AP: _____

Invoice Accounting Flexfield

<u>Date</u>	<u>Fiscal Officer Name</u> (Typed)	<u>Fiscal Officer Signature</u>	Account Distribution						<u>Dollar Amount</u>
			<u>Budget Purpose</u>	<u>Unit</u>	<u>Dept Act 1</u>	<u>Nat Acct</u>	<u>Object</u>	<u>FFY</u>	

Total: _____

Seller's Certification:

I hereby certify that the Goods, Merchandise, Ware, or Services shipped or performed in accordance with this invoice have met all of the required standards set forth in the Purchasing Contract and are proper charges against the State of Illinois or Board of Trustees of Southern Illinois University and that payment has not been received.

Signature _____

Date _____

General Instructions:

1. Complete detailed instructions on filling out this form are located on the E-Forms web page (link at top).
2. The Fiscal Officer must sign for each unique Budget Purpose in ink or Adobe digital certificate signature.
3. Complete the Seller's Certification section at the bottom only if it is necessary to obtain the payee's signature.
4. Only one vendor purchase order number is allowed per APID (AP Invoice Distribution Form).
5. APID Creator is responsible for gathering all relevant documents and approvals/signatures before submitting.
6. APID Creator should submit APID and all relevant complete/approved documents directly to Accounts Payable.

Accounts Payable Use

Accounts Payable Use

Entered by: _____

Date: _____