



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

UNIVERSITY-PREPARED VENDOR INVOICE

AS116

Third Party documentation MUST be attached to this form to support the payment.

Request Date _____

***Fiscal Year End Accrual	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Department		
Contact		
Phone	Fax	E-mail

Supplier		
Address		
City	State	Zip
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, citizen of _____
Green card holder/ resident alien	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a copy of the card must be attached.

Description	Quantity	Unit	Unit Price	Total Price
Total Due to Supplier				

Justification: Government does not prepare invoices
 Other _____

Supplier #	
Document #	
PO	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, PO #	
Sales Tax	
Freight	
Usage Tax	
Additional Cost	
Document Total	

Amount		
Spend Category		
Program		
Project		
Gift		
Grant		
Cost Center		
Fund		
Function		
Additional Worktags		

REQUIRED FOR DIRECT CHARGE INVOICES ONLY:

I certify the attached invoice adheres to *PRO-U525.A, Exceptions to the Competitive Solicitation Process* and will be processed as a Direct Charge payment.

Authorized Signature