

**AP INVOICE DISTRIBUTION**[FORM INSTRUCTIONS](#)

Department Contact Information: Name: _____ Department: _____ Phone: _____ Box: _____ Email: _____												
Supplier Name: _____						TIN or SSN: _____						
Supplier Remit Address: _____												
Total Dollar Amount: _____		PO Number: _____		Payment To: _____								
<a href="#">AIS VENDOR SEARCH</a> <a href="#">VENDOR SEARCH INSTRUCTIONS</a>												
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 (Typed)</u>	<u>Fiscal Officer Signature</u>	<u>Account Distribution</u>						<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>				
<b>Total:</b>												

**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: \_\_\_\_\_