

ROCHESTER INSTITUTE OF TECHNOLOGY

No. INVOICE PAYMENT FORM

Date Requested	Date Due	Travel Expense Report # (if applicable)	If to be picked up at Cashier's Office, by whom:

Invoice Type	Supplier Invoice Date	Supplier Invoice Number	Supplier Invoice Total
Standard			

1) Has the supplier been set up in Accounts Payable? If yes, provide the supplier number and name below. If no, please complete an Oracle Supplier Set-up Form and forward to Accounts Payable with the Invoice Payment Form. If the payment is for taxable services, the social security number must be provided before the payment can be processed. 2) Is the supplier an employee of RIT? Use this form for reimbursements only. Complete an Additional Pay Form for payments to an employee above his/her base salary.

Supplier Number	Social Security Number (for taxable services)	Supplier Name (Enter the name of vendor. For employee reimbursements or travel advances, enter the employee's name.)

DISTRIBUTION:

Line	Account Number	Amount
1		
2		
3		

Note: Travel Advances are limited to **\$50.00 per day**. Indicate the duration (number of days) of the trip in the "When?" box below. The Travel Expense Report number must be indicated in the box at the top of the page.

The following information section must be completed. If additional space is required, please include an attachment. Submit **ORIGINAL RECEIPTS** with this form to Accounts Payable. If the request is an advance, include a memo of explanation.

Line	Business Purpose	When?	Where?
1			
2			
3			

Requestor's Signature	Extension	E-Mail Address	Approver's Signature

Accounting Use Only:

Batch Name	Pay Group	Status	Accounting Approval

Instructions for Completing Invoice Payment Form

1. **Date Requested**—Enter the date the form is being prepared.
2. **Date Due**—Enter the date by which the invoice should be paid according the supplier’s terms. RIT’s standard payment terms are 30 days from the supplier invoice date. Employee expense reimbursements are processed with payment terms of “immediate”. If the supplier offers a discount for early payment, highlight the date due box and indicate “disc”.
3. **Travel Expense Form**—Indicate travel expense form number if the payment is a travel advance. **Travel advances are limited to \$50.00 per day.** Indicate the duration of the trip in the Business Purpose Section. Travel advances are charged to 01.15199.09050.00.00000.00000 when processed in Accounting. When the completed Travel Expense Report is returned to Accounting, the actual expenses will be to your department.
4. **If to be picked up at Cashier’s Office**—Enter the name of the individual who will be picking up the check. Checks are filed under the individuals last name. **Employee reimbursement checks will be mailed to the employee’s home address.**
5. **Invoice Type**—Standard
6. **Supplier Invoice Date**—Enter the date indicated on the supplier’s invoice. Complete one form per supplier invoice.
7. **Supplier Invoice Number**—Enter the number indicated on the supplier’s invoice.
8. **Supplier Invoice Total**—Enter the total amount due to the supplier. Include shipping and handling charges if applicable. If the supplier charged sales tax, do not include that amount in the total. Do not calculate early payment discounts.
9. **Supplier Number**—Enter the supplier number if known.
10. **Supplier Name**—Enter the name of the supplier. **This is the name that will appear on the check.** If the check is an employee expense reimbursement, enter the employee’s full name.
11. **Distribution—Account Number**—Enter the account number(s) to charge for the expense. If the request is for a travel advance, the amount will be charged to an Institute prepaid account, not to the department’s account. When the Travel Expense Report is received, the actual expense amount will be charged to the department’s account (see #3 Travel Expense Form above.)
12. **Distribution—Amount**—Enter the amount to be paid.
13. **Business Purpose**—Describe the business purpose. For example, “purchase supplies for class demonstration”, or “lunch to discuss fund departmental reorganization”. Provide names of lunch or dinner attendees if applicable. Line 1 in this section should correspond to Line 1 in the Distribution section above. For travel advances, include the destination and purpose of the trip.
14. **When**—Indicate the date the transaction occurred. If the request is for a travel advance, indicate the duration of the trip (i.e. 11/15-11/20—6 days x \$50.00/day = \$300.00)
15. **Where**—Indicate the location where the business transaction occurred.
16. **Requestor’s Signature**—The individual who prepared the Invoice Payment Form should sign in this box.
17. **Extension**—Indicate the telephone extension of the preparer. Accounts Payable may contact the preparer if there are questions regarding the payment.
18. **E-Mail Address**—Indicate the e-mail address of the preparer. Accounts Payable may contact the preparer if there are questions regarding the payment.
19. **Approver’s Signature**—The department head or budget authority should sign in this box.
20. **Accounting Use Only**—Do not complete any of the boxes in this section.

Forward the completed form with the appropriate documentation to Accounts Payable for processing. Documentation requirements: Original receipts are required for all reimbursements. If there is more than one receipt, please tape to an 8 ½ x 11 sheet of white paper. **Please include a memo of explanation when requesting advance payments or other items for which there are no receipts or a supplier invoice.**