Carbondale Campus End User Instructions
FORM – Invoice Distribution

Use:	To authorize payment of supplier invoices and to identify accounts against which invoices should be charged.
Access:	Access the form via the E-forms web site (http://eforms.siu.edu/). Adobe Reader must be installed on your computer.
Instructions:	Complete the form using the following instructions: (Unless noted, all fields are **REQUIRED**.)

Accounts Payable Use Only Box	Leave blank; for Accounts Payable use only.
Vendor TIN Search Button	To be used to aid in the determination of the Vendor's TIN Number.
Object Code Search Button	To be used to aid in the determination of the Object Code value(s) to be entered.
Additional Departmental Accounts Payable Forms Button	Used to connect to the Accounts Payable Department Forms Web Page. From this site, the user can access any additional forms required.

Department Contact Information Section:
Provide basic information about the department contact person.

Dept Name	Name of Department requesting payment.
Contact Name	Name of person to be contacted if Accounts Payable has questions concerning the form.
Phone No.	Number where contact person can be reached.
Mail Code	Indicate departmental Mail Code.

Header Information Section:

Provide basic information about the invoice.

Supplier Name / Address Section	
Supplier Name	Provide the name of the supplier. If payment is to an individual, the format is last name, first name, and middle initial. The middle initial is very important for payments to employees. It assists in selecting the correct employee when entering the reimbursement. **Note**: It is the department's responsibility to check AIS to ensure the supplier, including the correct payment remit to address, is in AIS. If not, complete the New/Change Supplier Request Form and send to Procurement Services. A copy of this New/Change Supplier Request Form should also be sent with the Invoice Distribution Form.
Address Ln 1	Provide the address of the supplier. Provide the P.O. Box of the Supplier, if applicable. Use Address Ln 2 if applicable.
Address Ln 2	Provide the address of the supplier.
City/State/Zip	Provide the City, State, & Zip Code of the supplier.
AIS Supplier No.	Enter AIS Supplier Number assigned to the Supplier.
TIN or SSN	Provide supplier Taxpayer Identification Number (TIN) or Social Security Number (SSN).
Invoice Number	Provide supplier invoice number that you are paying. If an invoice number is not provided by the vendor, the department will need to create an invoice number and keep a log to avoid using duplicate invoice numbers. The vendor should be notified of the invoice number assigned as this will be the number used to identify the payment via our ACH vendor.
Invoice Date	Provide supplier invoice date (Format: DD MMM YYYY).
Supplier E-Mail	Provide Supplier's E-Mail address if available.
PO Number	Indicate the AIS Purchase Order Number. If a Purchase Order is not involved, enter N/A.
Release Number	Indicate the Release Number when paying on a Planned Purchase Order.

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PO Type	Select the type of order. If a Purchase Order is not involved select None. If you have any questions as to what the various types of orders are used for, please contact Procurement Services.
	Abbreviations Legend:
	SPO: Standard Purchase Order
	PPO: Planned Purchase Order, also called a Miscellaneous or Blanket Purchase Order
	None: If neither apply
Payment To	Select from the drop down list one of the following:

Select Payment To:	Description
Employee	If payment or reimbursement is to a SIU Employee
Non Employee	If payment or reimbursement is to a Non SIU Employee
Graduate Assistant	If payment or reimbursement is to a SIU Graduate Assistant
Undergraduate Assistant	If payment or reimbursement is to a SIU Undergraduate Assistant
Student Employee	If payment or reimbursement is to a SIU Student Employee
Student	If payment or reimbursement is to a SIU Student (Not an Employee)
Vendor / Supplier	If payment is to an outside Vendor or Supplier

Special Note	*Contractual Services Voucher*
	If reimbursing non-US citizen, permanent resident, or other individuals who require withholding, complete the existing Contractual Services Voucher. Do not complete the account information on the Contractual Services Voucher. Instead, use the Invoice Distribution Form to provide the budget purpose and, if applicable, the department activity 1 and 2 accounting flexfield distributions, and submit along with the Contractual Services Voucher. Also, complete the amount and supplier (name only) fields in case the two forms are separated.
	For further information on reimbursing non-US citizens or permanent residents, please refer to the University's Policy and Procedures manual, section entitled "Payments Made to Non- Resident Aliens". If you do not have access to this manual or have additional questions after referring to this manual, call the International Tax Office, 453-5275.
Is the Payment To or On Behalf of an U.S.	**Required;** select Yes or No. If no, the payment must be processed on a Contractual Services Voucher. See the

Citizen or Permanent Resident?	Special Note: Contractual Services Voucher section above for additional information.
Pay Alone	If a single payment needs to be made, please mark box.
Dates of Service	Provide Beginning/Ordered and Ending/Received dates *(Format: DD MMM YYYY).*

See the table below on what dates should be used:

DESCRIPTION	Beginning Date of Service	Ending Date of Service
Commodities	Order Date	Received Date
Equipment	Order Date	Received Date
Goods	Order Date	Received Date
Services	Beginning Date of Service	End Date of Service

Send Attachments with Check	Check this box if there is supporting documentation to be sent along with the check. The original documentation and one copy must be attached to this form.
Special Handling	Check this box only if the department desires to pick the check up at Accounts Payable. In the space provided, indicate the name and phone number of the individual to be notified when Accounts Payable has printed the check. For internal control purposes, a check **cannot** be sent directly to the department.
Description/ Note to Accounts Payable	Give general description of goods/services provided. The Invoice Distribution Form description field is 477 characters. The AIS Invoices form that Accounts Payable will input into is 240 characters. However, only the first 65 characters will print on the local check. If including a note to Accounts Payable, please enclose in parenthesis ( ).

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Invoice Account Information Section:

Indicate AFF(s) that the invoice should be paid against.

Date	Date form is completed (Format: DD MMM YYYY).
FO Name (Typed)	Typed name of Fiscal Officer.
FO Signature	Fiscal officer must sign distribution line. If the same fiscal officer has authority for all AFFs, only one signature line must be completed.
Budget Purpose (or Alias)	**Required;** budget purpose value to support payment.
Dept Act 1	If applicable, the department activity 1 code to be used in cost accounting the expense.
Dept Act 2	If applicable, the department activity 2 code to be used in cost accounting the expense.
Natural Account	Leave blank.
Object Code	**Required;** indicates the type of expense. Use AIS object values. A listing of all AIS object code values is available by accessing the "Object Code Search" button in the upper left corner on the IDF form.
Fiscal Year	The fiscal year the payment is to be charged against. This field needs to be completed only if state funded (i.e., The Fund for these accounts always begins with 201).
Source of Funds	(A/P Use Only) Leave blank.
Dollar Amount	Amount of invoice.
Seller's Certification	Seller must sign certification, if services have been performed and a written agreement, which includes the amount due, is not available.

To Submit:

Print form, have Fiscal Officer sign, attach supplier invoice

Routing: This form may be submitted electronically by email to *acctspay@siu.edu*.
Or to submit by mail: **Accounts Payable, MC 6818**