



Instructions: When there is not an "Official" Invoice to request payment or PO is not required, complete the information on this form.

1. You must fill in all of the fields below and the form must be accompanied with supporting documentation on separate tab(s).
2. Fill in the Description field below with the payment type - for example: Donation / Taxes / Legal / etc.
3. Print Entire Workbook as ONE single PDF file prior to submission.

Non-PO Invoice
SAP Payment Request
Substitute Invoice Form

Vendor Name:	OIL SPRINGS SERVICE CENTRE
Vendor Number:	2003602820
Company Code:	CA11
Remit To Address : <i>(Must match the address in the AP system)</i>	Hwy 21 Oil Springs ON N0N 1P0
Transaction type:	Invoice <small>*choose only 1 option - <i>Invoice</i> or <i>Credit Memo</i> from the dropdown</small>
Invoice Date:	2025-10-30
Invoice #:	71293REISSUE <small>*Limited to 16 characters</small>
Purchase Order # <small>(not required if non-PO)</small>	 <small>(not required if non-PO)</small>
Payment GROSS Amount:	\$308.20
Tax Amount (if applicable):	
Payment NET Amount:	\$308.20
Currency	CAD
Header Text:	
Requestor Name:	Sarah Brittles
Requestor email	sarah.brittles@pepsico.com
Date Requested:	2025-10-31
Description:	replacement check for stale dated one
Cost Center (optional - use Tab 2 if multiple):	2001990002
GL Account (REQUIRED - use Tab 2 if multiple):	708000
WBS Element (optional - use Tab 2 if multiple):	