



**PEPSICO**

*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 :                              | Hwy 21   |
| (Must match the address in the AP system)       | Oil Springs ON   |
|   | N0N 1P0  |
| Transaction type:                               | Invoice  |
|   | <i>*choose only 1 option - Invoice or Credit Memo from the dropdown</i>    |
| Invoice Date:                                   | 2025-10-30   |
| Invoice #:                                      | 71293REISSUE   |
|   | <i>*Limited to 16 characters</i>   |
| Purchase Order #                                |  |
| (not required if non-PO)                        | (not required if non-PO)   |
| Payment GROSS Amount:                           | \$308.20   |
| Tax Amount (if applicable):                     |  |
| Payment NET Amount:                             | \$308.20   |
| Currency  | CAD  |
| Header Text:                                    |  |
| Requestor Name:                                 | Sarah Brittles   |
| Requestor email                                 | <a href="mailto:sarah.brittles@pepsico.com">sarah.brittles@pepsico.com</a> |
| 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): |  |