

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