LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

UNIVERSITY-PREPARED VENDOR INVOICE AS116

Third Party documentation MUST be attached to this form to support the payment.

Request Date _____

***Fiscal Year End Accrual
☐ Yes ☐ No

Department		
Contact		
Phone	Fax	E-mail

Payee			
Address			
City	State	Zip	
U.S. Citizen	☐ Yes	☐ No	If no, citizen of _____
Green card holder/ resident alien	☐ Yes	☐ No	If yes, a copy of the card must be attached.

Description	Quantity	Unit	Unit Price	Total Price
			Total Due to Vendor	

Justification: ☐ Government does not prepare invoices
☐ Other _____

Supplier #	
Document #	
PO	☐ Yes ☐ No
If Yes, PO #	
Sales Tax	
Freight	
Usage Tax	
Additional Cost	
Document Total	

Spend Category		
Program		
Project		
Gift		
Grant		
Cost Center		
Fund		
Function		
Additional Worktags		