



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 \_\_\_\_\_

<b>***Fiscal Year End Accrual</b>	
Yes	No

Department		
Contact		
Phone	Fax	E-mail

Payee		
Address		
City	State	Zip
U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, citizen of _____
Green card holder/ resident alien	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a copy of the card must be attached.

Description	Quantity	Unit	Unit Price	Total Price
<b>Total Due to Vendor</b>				

Justification:  Government does not prepare invoices  
 Other \_\_\_\_\_

Supplier #	
Document #	
PO	<input type="checkbox"/> Yes <input type="checkbox"/> 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		