Accounts Payable

INVOICE APPROVAL FORM

VENDOR NAME: _____

Note: New vendors must complete vendor registration and W-9 forms

PO NUMBER
Date:

DEPARTMENT NAME: _____

SECTION I

Accounts To Be Charged

Fund	Area	Function	Department	Object

Amount	Authorized Signature	Print Name	Date

Fund	Area	Function	Department	Object

Amount	Authorized Signature	Print Name	Date

Fund	Area	Function	Department	Object

Amount	Authorized Signature	Print Name	Date

Fund	Area	Function	Department	Object

Amount	Authorized Signature	Print Name	Date

Instructions for Accounts Payable:

Section II

Are there any reasons why these invoices should not be processed? (Credit Pending, Damaged Goods, etc)Please Explain:

College payment terms are 60 days from the date of the invoice

Federal law requires Simmons to provide Taxpayer Reporting Information (1099/1024S forms) to the Federal Government and the payee on certain types of payments. When reporting such information, please identify which address you wish Simmons to mail information to.