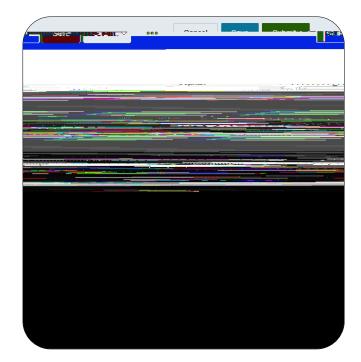
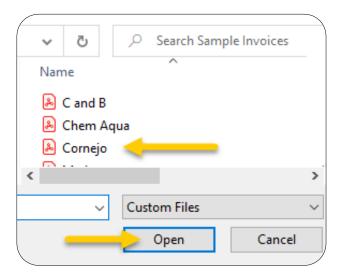
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Vendor Name					
Vendor Address					
Vendor Invoice Number					
Invoice Date		Ē	I		
				. SH	
Invoice-ID	QA00-105	7-0212			
Contract Number					



✓ Attachments (0)	
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6. The

Invoice Detail

- 10. Enter **Payment Message** (optional 70 characters) with identifying information for the invoice such as:
 - Invoice numbers (overflow from Vendor Invoice Number field)
 - Account Number
 - Customer Number
 - Order Number
 - Brief description (Maintenance Subscription 10/23/19-10/22/20)
- 11. Enter a **Department Approval / Routing** name when additional staff are required to review the invoice. This field is optional.

1Td(1Td)Tc 0.sd tTT2-2d.594T.0f03#TTfg>6)TO(E)H3 G.000623(sd)37.8 1P.369.002235e11 p 0.006 p Tf0.4d@078>078>Tj/tTf-0-1.359 T Tw 0.4



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