Accounts Payable Invoice Distribution Form (APID)

Instructions

USE:

1. When a Purchase Order is required
2. When a Purchase Order is not required (unencumbered)
3. When payment is for a service
4. When the vendor's signature is required to process payment
5. As requested by Accounts Payable

ACCESS:

Access the form here: https://www.siue.edu/its/ais/eforms/

Scroll down to "Payable Forms."

Click on "AP Invoice Distribution"

INSTRUCTIONS:

Complete the form online using the following instructions. Unless otherwise noted, all fields are REQUIRED.

Department Contact Information

Provide name, department, phone #, campus box #, and email address of the person who should be contacted in case there are any questions. This should be the "creator" of the APID.

Supplier Name

Provide the name of supplier. If payment is to an individual, the format is last name, first name, and middle initial.

It is the department's responsibility to check AIS to ensure the supplier, including the correct payment **remit to** address (found on the invoice), is in AIS. If not, complete the New/Change Supplier Request Form and forward to AP with the APID.

Supplier Remit Address

Provide the **remit to** address of the supplier, found on the invoice. (Where the check is to be mailed.)

Total Dollar Amount

Total dollar amount of invoice(s) submitted with the APID.

PO Number

Indicate the AIS Purchase Order Number. If a Purchase order is not involved, leave blank.

Payment To

Select the applicable drop-down line for whether the payment is being made to an employee, non-employee, or vendor.

TIN or SSN

Provide supplier Taxpayer Identification Number (TIN), Social Security Number (SSN), or Banner ID Number (800xxxxxx Number).

Is the Payment To or On Behalf of an U.S. Citizen/Permanent Resident or an U.S. Based entity?

Required. Select Yes or No. If no, the payment must be processed on a Contractual Service Voucher.

Is this supplier, or a family member of the supplier, currently an employee of any SIU Campus?

Required. Select Yes or No.

Is the payment to an individual, for a service provided to the University, being applied against their Social Security Number?

Required. Select Yes, No, or N/A.

Dates of Service

Beginning/Ordered	See the table below for what dates should be used
Ending/Received	See the table below for what dates should be used

DESCRIPTION	Beginning Date of Service	Ending Date of Service
Commodities	Order Date	Received Date
Equipment	Order Date	Received Date
Goods	Order Date	Received Date
Services	Beginning Date of Service	Ending Date of Service

Send Attachments with Check

Check this box if any supporting documentation is required to be sent along with the check. The documentation must be attached to this form.

Description of Goods or Services

Give a general description of goods/services provided.

Special Handling/Notes to AP

Complete this section if special handling of the check is required or additional notes are needed for AP. Provide any notes, contact information and/or the "need by" date. For internal control purposes, a check ***cannot*** be sent directly to a campus box office.

INVOICE ACCOUNTING FLEXFIELD SECTION:

Date

Complete with the date the form is signed by the Fiscal Officer.

Fiscal Officer Name (Typed)

Type the name of the fiscal officer for the corresponding Budget Purpose

Fiscal Officer Signature

If the Fiscal Officer uses their digital signature, this form may be submitted to the AP listserv, electronically (ap@lists.siue.edu). If the Fiscal Officer signs in ink, the original hard copy must be sent/delivered to the AP office.

If the same fiscal officer has authority for all Budget Purposes, only one signature line needs to be signed. If a delegate is signing for the fiscal officer, then they should sign the fiscal officer's full name and then the delegate's full name. If being signed by a delegate and there is not enough space, continue signing by using the next available line. If additional approval signature is needed, please sign on the next available blank line.

Budget Purpose

Type the budget purpose value to support payment. Note: If payment is for any type of purchase order, the Budget Purpose from the purchase order will be used.

Unit

If applicable.

Dept Act 1

If applicable.

Nat Account

Leave blank.

Object

Only complete if you are aware of what this should be. Otherwise, Accounts Payable or Purchasing will complete.
If payment is for any type of purchase order, the object code from the purchase order will be used.

FFY

The funding fiscal year to which the payment is to be charged. This field needs to be completed for state accounts only (72xxxx).

Dollar Amount

Total dollar amount to be paid for by each Budget Purpose.

Total

This is a calculated total. This total should be the same as the Total Dollar Amount listed near the top of the form.

SELLER'S CERTIFICATION SECTION: Complete this section if required

Seller's Certification

Seller must sign certification if a supplier invoice is not provided.

Accounts Payable Use

Leave blank.

ROUTING:

To Submit:

Complete the form on-line, have the fiscal officer digitally sign, have vendor sign (if needed), attach supplier invoice and any supporting documentation. Email to – ap@lists.siue.edu

OR

Complete the form on-line, print the form, have the fiscal officer sign in ink, have the vendor sign (if needed), attach supplier invoice and any supporting documentation and mail to – Accounts Payable, Box 1003 or hand deliver to Rendleman Hall, Office # 0110.