

## Supplier Invoice Number Template

DATE: \_\_\_\_\_

SUPPLIER ID: \_\_\_\_\_

SUPPLIER NAME: \_\_\_\_\_

This form should be used ONLY when requesting a payment for a supplier who has not provided an invoice. All fields are required. When completing the Supplier Invoice screen in Workday, use the automated Supplier Invoice Number above for your request. You must save this form to your computer and attach it onto the Supplier Invoice screen in Workday. Include all backup (i.e., receipts, registrations, memberships, etc.) with this form in your attachment in the Supplier Invoice screen in Workday. This may not be used for reimbursement. For reimbursements, please use the Expenses worklet application.

Payment Address: \_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

Payment is For (what is being purchased): \_\_\_\_\_

\_\_\_\_\_

\_\_\_ YES \_\_\_ NO - This is a necessary, reasonable, and appropriate business expense which advances the goals, objectives, and mission of the University and which falls within the policies and guidelines provided.

\_\_\_ YES \_\_\_ NO - Service was performed in the United States?

The purpose for which this expense was incurred by the department is as follows (business purpose):

\_\_\_\_\_

\_\_\_\_\_

The goal supported by this purchase is:

(i.e. education, outreach, fundraising, talent retention, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requester Name: \_\_\_\_\_ Extension: \_\_\_\_\_