



UNIVERSITY OF KENTUCKY
Vendor Invoice and Credit Memo Transmittal

Purpose:

For selected Purchase Orders vendors are instructed to mail Invoices and/or Credit Memos directly to the department making the purchase. For these Purchase Orders, as well other situations when a department receives an invoice or credit memo, this form should be used to transmit the invoice or credit memo to the appropriate Accounts Payable Department listed below for processing.

- University Accounts Payable, 331 Peterson Service Bldg. Campus 0005
- Hospital Accounting, 2347 Sterlington, Suite 300, Lexington KY 40517-9897

Instructions:

- Record the Invoice/Credit Memo Number in the designated field below.
- Record the Purchase Order Number in the designated field below. (NOTE: Only invoices for a valid/open SRM/SAP Purchase Order can be processed. Please contact Purchasing for guidance in the absence of a valid Purchase Order.)
- Complete a line for each Credit Memo in the Accounting Information Section below.
- Attach the Invoice/Credit Memo to this form.
- List a contact name, phone number and email.
- Sign and transmit to the appropriate Accounts Payable Department.

Invoice/Credit Memo Number

Purchase Order Number (required for invoices) only credit memos may be transmitted without a PO Number

Accounting Information (required only for Credit Memos without a Purchase Order number)

| G/L Acct. | Amount | Assign. No. | Cost Center | Internal Order | WBS Element | Fund |
|-----------|--------|-------------|-------------|----------------|-------------|------|
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AUTHORIZATION

I hereby certify that the goods/services detailed on the attached invoices have been duly furnished for the benefit of the University of Kentucky and that this claim is valid as stated.

Contact Name: _____ Phone Number: _____

Email: _____

Signature: _____ Date: _____

Accounts Payable Use Only

| Invoice Date | Invoice Number | Amount | 1099 Code | Invoice Doc. No. | Accounting Doc. No. |
|--------------|----------------|--------|-----------|------------------|---------------------|
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