PUR 601-01B

INVOICE/RECEIVING REPORT REQUEST
ARIZONA STATE UNIVERSITY
ACCOUNTS PAYABLE DEPARTMENT
Ext 5-3511 • Mail Code 0301

TO

DEPT.

MAIL CODE

ASU PAYMENT OBJECTIVES AND POLICY

The primary objective of the Accounts Payable Department is to effectively and efficiently serve the University Community. Not only is it our goal to pay obligations when they are due, regulations require us to pay within 30 days or be subject to interest charges.

To meet the prompt payment goal and take advantage of prompt discounts offered by vendors, we need your cooperation. Promptly notifying us when goods or services have been received and forwarding vendor invoices can make your purchases cost less.

If the following request lists an ASU RECEIVER (RC), then Accounts Payable has not received a vendor invoice for payment.

If the request lists a vendor INVOICE NUMBER (VI), then the responsible person indicated on the ASU Purchase Order has not entered a receiver for goods and services.

AN INVOICE OR RECEIVER ONLY HAS BEEN RECEIVED FOR THE FOLLOWING ORDER:

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>INVOICE/RECEIVER DATE</th>
<th>ASU PURCHASE ORDER NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENDOR NAME</td>
<td>VENDOR NO.</td>
<td>INVOICE (VI) OR RECEIVER (RC) NO.</td>
</tr>
</tbody>
</table>

DEPARTMENT ACTION NEEDED

FOR MISSING INVOICE:

Please forward the invoice to Accounts Payable. If you do not have the invoice, please contact the vendor and request an invoice. If the receiver was entered in error, please delete it or call Accounts Payable.

FOR MISSING RECEIVER:

If you have on-line capability, you may view this invoice on the OVIL tables by scanning for the vendor number and invoice number. For any items received on this order, please enter the receiver document (RC9) into CUFS.

Refer to the CUFS user guide on how to enter an RC9 and for an example of a completed RC9. You will need your copy of the purchase order or you may scan the OPPH and OPPC tables to obtain needed data.

If you do not have on-line capability, indicate in the following boxes below the quantity and date received, then sign and return this form to Accounts Payable, Mail Code 0301.

<table>
<thead>
<tr>
<th>QUANTITY RECEIVED</th>
<th>DATE RECEIVED</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINTED NAME</td>
<td>SIGNATURE</td>
<td>PHONE</td>
</tr>
</tbody>
</table>

If the invoice should not be paid (goods are unacceptable, being returned, etc...), please indicate the reasons and the expected data problems with the vendor that are to be resolved:

Sign and return this form immediately to Accounts Payable, Mail Code 0301.

<table>
<thead>
<tr>
<th>QUANTITY RECEIVED</th>
<th>PHONE</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

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