

Edwardsville Campus End User Instructions
FORM – Contractual Service Voucher

Use: To meet IRS requirements concerning payment made for professional services to an individual and for payments to or on behalf of a non-resident alien. Complete this form for the following situations:
 a) Payment is made to or on behalf of a non-resident alien; OR
 b) Payment is to a non-Illinois resident AND the dollar amount is more than \$1000 AND the payment is made on a State account AND is coded for professional services.

If section a) or b) above does not apply, then you must complete the Accounts Payable Invoice Distribution Form.

Access: Access the form via the (<http://www.siu.edu/FORMS/AIS#PAYABLE>) web site. Choose Contractual Service Voucher.

Instructions: Complete the form online using the following instructions: (Unless otherwise noted, all fields are **REQUIRED**.)

Department contact information

Provide name, phone no., and email address of the person who should be contacted in case there are any questions.

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, is in AIS. If not, complete the New/Change Supplier Request Form and forward to AP with the Contractual Service Voucher. A link to the Vendor Name/TIN Search web site is included at the top of the form.

Supplier Information

Provide the remit to address of the supplier (where the check is to be mailed to). *For internal control purposes, a check **cannot** be sent directly to a campus box office.*

AIS Supplier No.

Leave Blank

Supplier Site Name

Leave Blank

TIN or SSN

Provide supplier Taxpayer Identification Number (TIN) or Social Security Number (SSN) or 800 Number for students.

Payment To

Select the applicable line for whether the payment is being made to an employee, non-employee, etc.

Invoice Number Enter the invoice number if available.

Invoice Date Enter invoice date from invoice.

Dollar Amount of Invoice
Total dollar amount to be paid.

PO Number Indicate the AIS Purchase Order Number. If a Purchase Order is not involved, select None in the PO Type section.

PO Type Select the type of order. If a Purchase Order is not involved, select None.

Is the payment to or on behalf of a U.S. Citizen or Permanent Resident?
Select Yes or No. If yes, please see above [USE](#) section.

Gross up Select Yes or No. This is applicable when payments are subject to tax withholding and the department chooses to provide additional funds to cover the applicable taxes so the individual receives a specified net amount.

Dates of Service

Beginning/Ordered See the table below for what dates should be used. Date format is DD Mmm YYYY.

Ending/Received See the table below for what dates should be used. Date format is DD Mmm YYYY.

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

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.

<i>Description</i>	Give a complete description of the services rendered. Include the date of service (beginning and ending dates), expenses incurred and rate of compensation.
<i>Date</i>	Complete manually with the date the form is signed by the Fiscal Officer.
<i>Fiscal Officer Name (Typed)</i>	Type the name of the fiscal officer for the corresponding Budget Purpose.
<i>Fiscal Officer Signature</i>	Fiscal officer must sign in ink. 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 he/she 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.
<i>Budget Purpose (or Alias)</i>	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.
<i>Dept Act 1</i>	If applicable, the Department Activity 1 code to be used in cost accounting the expense.
<i>Dept Act 2</i>	If applicable, the Department Activity 2 code to be used in cost accounting the expense.
<i>Object</i>	Required for non-purchase order payments; indicates the type of expense. Use AIS object values. A listing of all AIS object code values is available at the AIS web page, http://marvin.siu.edu:8080/ObjectCodeSearch.html under Special Searches selection. Note: If payment is for any type of purchase order, the object code from the purchase order will be used.
<i>Funding Fiscal Year</i>	The funding fiscal year to which the payment is to be charged. This field needs to be completed for state accounts only.
<i>Dollar Amount</i>	Total dollar amount to be paid for by each Budget Purpose.
<i>Total</i>	This is a calculated total. This total should be the same as the Total Dollar Amount.

Payroll section: Note that this section of the form is completed by Payroll personnel.

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: print form, acquire all necessary signatures, attach supplier invoice and any supporting documentation and mail to: Accounts Payable, Box 1003.