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/](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 a 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

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>Beginning Date of Service</th>
<th>Ending Date of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commodities</td>
<td>Order Date</td>
<td>Received Date</td>
</tr>
<tr>
<td>Equipment</td>
<td>Order Date</td>
<td>Received Date</td>
</tr>
<tr>
<td>Goods</td>
<td>Order Date</td>
<td>Received Date</td>
</tr>
<tr>
<td>Services</td>
<td>Beginning Date of Service</td>
<td>Ending Date of Service</td>
</tr>
</tbody>
</table>

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.