

CONTRACTUAL SERVICE VOUCHER

Carbondale 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 if Payment is made to or on behalf of a non-resident alien. If this does not apply, then you must complete the Invoice Distribution Form. This form can be used to authorize payment of supplier invoices utilizing AIS accounts.

Access: Access the form via the E-forms web site (<http://eforms.siu.edu/>). Adobe Reader must be installed on your computer.

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

Chart of Accounts Button: To be used to aid in the determination of the Budget Purpose(s) value(s) to enter.

Vendor TIN Search Button: To be used to aid in the determination of the Vendor's TIN Number.

Object Code Search Button: To be used to aid in the determination of the Object Code value(s) to enter.

Accounts Payable Use Box Leave blank; for Accounts Payable use only.

Department Contact Information Section:

Provide basic information about the department contact person.

Dept Name Name of Department requesting payment.

Contact Name Name of person to be contacted if Accounts Payable has questions concerning the form.

Phone No. Number where contact person can be reached.

Mail Code Indicate departmental Mail Code.

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Header Information Section: Provide basic information about the invoice.

Supplier Name / Address:

Name Provide the name of the supplier. If payment is to an individual, the format is last name, first name, and middle initial. The middle initial is very important for payments to employees. It assists in selecting the correct employee when entering the reimbursement.

Note: 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 send to Procurement Services. A copy of this New/Change Supplier Request Form should also be sent with the Invoice Distribution Form.

Address Ln 1: Provide the address of the supplier. Provide the P.O. Box of the Supplier, if Applicable. Use Address Ln 2 if applicable.

Address Ln 2: Provide the address of the supplier.

City/State/Zip Provide the City, State, & Zip Code of the supplier.

AIS Supplier No. Optional; Enter AIS Supplier Number assigned to the Supplier

Supplier Site Name Optional; Enter the AIS Supplier Site Name assigned to the Supplier's address.

Invoice Number Provide supplier invoice number that you are paying.

Invoice Date Provide supplier invoice date (Format: DD Mmm YYYY).

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

Payment To Select from the drop down list one of the following:

	Description
Employee	If payment or reimbursement is to a SIU Employee
Non Employee	If payment or reimbursement is to a Non SIU Employee
Undergraduate Assistant	If payment or reimbursement is to an Undergraduate Assistant
Graduate Assistant	If payment or reimbursement is to a SIU Graduate Assistant
Student Employee	If payment or reimbursement is to a SIU Student Employee
Student	If payment or reimbursement is to a SIU Student (Not an Employee)
Vendor / Supplier	If payment is to an outside Vendor or Supplier

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PO Number Indicate the AIS Purchase Order Number. If a Purchase Order is not involved, enter N/A.

Release Number Indicate the Release Number if known when paying on a Planned Purchase Order. Used for AIS Planned Purchase Orders only.

PO Type Select the type of order. If a Purchase Order is not involved select None. If you have any questions as to what the various types of orders are used for, please contact Procurement Services.

Abbreviations Legend:

- SPO: Standard Purchase Order
- PPO: Planned Purchase Order, also called a
Miscellaneous or Blanket Purchase Order
- None: If neither apply

Dollar Amount of Invoice Total amount invoiced.

Is the payment to or on behalf of an U.S. Citizen or Permanent Resident?
Required; select Yes or No. If Yes, the payment must be processed on an Invoice Distribution Form. If No, an addition field will appear regarding gross up.

Gross Up? Select "Yes" if the department will be responsible for any tax withholdings. Select "No" if the payee will be responsible or any tax withholdings.

Additional Departmental Accounts Payable Forms Button

Used to connect to the Accounts Payable Department Forms Web Page. From this site, the user can access any additional forms required. For additional International Tax forms and/or questions contact the HR-Payroll Department.

Dates of Service Provide Beginning/Ordered and Ending/Received dates (Format: DD Mmm YYYY).

See the table below on what dates should be used:

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	End Date of Service

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Send Attachments with Check

Check this box if there is supporting documentation to be sent along with the check. The original documentation and one copy must be attached to this form.

Special Handling

Check this box only if the department desires to pick the check up at Accounts Payable. In the space provided, indicate the name and phone number of the individual to be notified when Accounts Payable has printed the check. For internal control purposes, a check **cannot** be sent directly to the department.

Pay Alone

Check this box only if the payee will not accept combined payments on one check. If the payee has not specifically requested this, leave the box blank.

Description/ Note to Accounts Payable

Give general description of goods/services provided. The Invoice Distribution Form description field is 477 characters. The AIS Invoices form that Accounts Payable will input into is 240 characters. However, only approximately the first 50 characters will print on the local check. If including a note to Accounts Payable, please enclose in parenthesis ().

Invoice Account Information Section: Indicate the AFF(s) that this invoice should be paid against; include the following:

Date

Date form is completed (Format: DD Mmm YYYY). Date will be generated by the System.

Fiscal Officer Name (Typed)

Typed name of Fiscal Officer.

Fiscal Officer Signature

Fiscal officer must sign distribution line. If the same fiscal officer has authority for all AFFs, only one signature line must be completed.

Budget Purpose (or Alias)

Required; budget purpose value to support payment.

Dept Act 1

If applicable, the department activity 1 code to be used in cost accounting the expense.

Dept Act 2

If applicable, the department activity 2 code to be used in cost accounting the expense.

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<i>Func</i>	Leave blank.
<i>Nat Act</i>	Leave blank.
<i>Obj</i>	Required; indicates the type of expense. Use AIS object values. A listing of all AIS object code values is available by accessing the "Object Code Search" button in the upper left corner on the form.
<i>FY</i>	The fiscal year the payment is to be charged against. This field needs to be completed only if state funded (The Fund for these accounts always begins with 201).
<i>SOF (AP Use Only)</i>	Leave blank.
<i>PO Line Number</i>	If payment is against a Purchase Order, enter the appropriate line number of the purchase order payment is to be applied.
<i>Dollar Amount</i>	Amount of invoice or portion of invoice to be paid by indicated Budget Purpose.

International Tax / Payroll Section: This section of the form is completed by International Tax / Payroll personnel only. Leave all fields blank except the Seller's Certification.

Seller's Certification

Seller must sign certification, if services have been performed and a written agreement, which includes the amount due, is not available.

Routing:

This form may not be submitted electronically.

To submit: print form, have fiscal officer sign, attach supplier invoice and mail to:

Accounts Payable, MC 6818.