

# VENDOR INVOICE TRANSMITTAL AND PAYMENT AUTHORIZATION

This form is used for Subcontracts and Framework Purchase Orders

PURCHASE ORDER # \_\_\_\_\_

Total Dollar Amount of Invoices (Limit 7 Invoices) \_\_\_\_\_

Payment Information:			ACCOUNTS PAYABLE USE ONLY				
Vendor # on PO			Remit To Vendor #				
Invoice Date	Invoice Number	Amount	Description	S.C.	1099 Code	Invoice Document No.	Accounting Document No.

Accounting Information								
G/L Acct	Amount	Assign. No.	Cost Center	Internal Order	WBS Element	Fund	Earmarked Funds	Item

**I hereby certify that the goods/services detailed on the attached invoices have been duly furnished to the benefits of the University of Kentucky and that this claim is complete as stated, and that payment therefore is just and legal; and has not been authorized in part or in whole, heretofore and is due:**

Date Last Item was Received \_\_\_\_\_

Received By \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Procedure for Processing Invoices:**

- **Ledger 8 Accounts** - Route to: Hospital Accounting and Control, 191 West Lowry Lane, Lexington, KY 40503-2438; Hospital Accounting will forward to the Purchasing Division. **This includes 8 accounts for Personal Service Contracts.**

Department	Date Rec'd	Rec'd By & Date Forwarded
<i>Hospital Accounting</i>		
<i>Purchasing</i>		