

Determining Invoice Number

Invoice numbers are required for accurate voucher processing in OAKS FIN. This information will assist the OSS associate in determining the correct information to enter in the OAKS FIN **Invoice Number** field. This list is not all-inclusive, but is a guide to determine a unique number.

See also in this topic: [H&A](#)

Invoice numbers in the revenue area must be used).

Exceptions:

[Klosterman Invoice Number](#)

[AT&T Invoice Numbers \(Not AT&T Mobility and AT&T DataComm, Inc.\)](#)

[Statements](#)

When using an itemized **Statement** to create a voucher, use the **statement number** if no invoice number is listed on the document.

To process a **summary statement** (i.e., a statement requesting a single payment for multiple invoices), follow the guidelines below:

- For invoices from the **Ohio Attorney General** that summarizes Outside Counsel Approved Invoices, create the voucher using the approval letter as the invoice (follow the guidelines listed in the "No Invoice Number for All Other Invoices" section for creating the invoice number).
- For **hotel** invoices or **pest control** invoices:
 - If a summary statement is received **without** a separate invoice(s)/folio(s), for each invoice/folio listed, it must be **returned to the sender**.
 - If a summary statement is received **with** a separate invoice(s), the voucher is created.
 - If the summary statement does not have an invoice number, it must be concatenated.
 - If a hotel folio is received without a summary statement and **has** a unique invoice number, a voucher is created.
 - If a hotel folio is received without a summary statement and **does not have** a unique invoice number, it must be **returned to the sender**.

Example:

H

Summary Statement - [redacted] [redacted]town
Cannot be used to create a voucher.

Ohio Rehabilitation Services
Nicole Smith
400 E. Campus View
Columbus OH 43235
US

Date 01-19-12
A/R Account Number OHIORSC
Amount Paid \$ _____

Date	Inv. No.	Folio No.	Description	Debit	Credit	Balance
12-22-11			Balance as of 12-22-11			0.00
01-05-12	12345	225374	Jones, Peter	94.08		94.08
01-05-12	45370	225375	Andrews, Julie	94.08		188.16
01-05-12	45371	225376	Wilson, Kim	94.08		282.24
Balance Due						282.24

TL

Separate invoice would be used to create the voucher.

01-08-12

Ohio Rehabilitation Services
Commission
400 E. Campus View
Columbus OH 43235
US

Jones, Peter

Folio No. [redacted]
A/R Number [redacted]
Group Code [redacted]
Company [redacted]
Membership No. [redacted]
Invoice No. **12345**

No. 0913
Folio No. 01-04-12
Invoice No. 01-05-12
Conf. No. 60960955
Rate Code IMG0V
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Date	Description	Charges	Credits
01-04-12	Room Accommodations	84.00	
01-04-12	City Tax 7%	5.88	
01-04-12	State Tax 5%	4.20	
Total		94.08	0.00
Balance		94.08	



Branch: 670
 Phone: (513) 942-5900
 Customer #: 108556677
 Contract Nbr: 9109109

7046 FAIRFIELD BUSINESS CTR
 FAIRFIELD, OH 45014-5480

SUMMIT BEHAVIORAL HE
 1101 SUMMIT RD
 CINCINNATI OH 45237-2

Address
 SUMMIT RD
 NATI OH 45237

Summary Statement -
 Cannot be used to create a voucher.

Activity through 01-19-2012

Date	Description	Account Transactions	Tax	Total
BALANCE FORWARD				2,480.40
12/07/2011	SERVICE INVOICE #68755555	496.08		496.08
12/13/2011	SERVICE INVOICE #68755556	496.08		496.08
12/21/2011	SERVICE INVOICE #68755557	496.08		496.08
12/28/2011	SERVICE INVOICE #68755558	496.08		496.08
Total Amount Due:				4,464.72

ORKIN
 ORKIN - CINCINNATI
 7046 FAIRFIELD BUSIN
 FAIRFIELD, OH 45014
 (513) 942-5900
 LPO#: 20080
 Target Pest: PEST: MIC
 SUMMIT BEHAVIORAL HEALTHCARE
 1101 SUMMIT RD
 CINCINNATI, OH 45237
 (513) 948-3355 18 EXTERIOR STATIONS.

Separate invoice would be
 used to create the voucher.

INVOICE SERVICE TICKET NUMBER
 50

 68755555
 PRIOR BAL: 1984.32
 THIS SVC: 496.08
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SVC: 2,480.40

• For all other summary statements - Create the voucher using the summary statement as the invoice.

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00029(NV-2).