

**STANDARD INVOICE PRE-PROCESSING FORM  
OHIO SHARED SERVICES**

**Directions:** A separate Pre-Processing Form must be used for each invoice.

\*Fields with an asterisk are mandatory fields.

Complete the other sections only when information is not on the purchase order or invoice.

Please type your data in this form

Agency Information	
*Business Unit:	DAS01
*OSS Origin:	284
*Date Invoice Recieved	1/25/16

Supplier Information	
MBE/EDGE:	
Check/EFT/SWCD/WIA:	
Return To Agency:	
Supplier ID:	

Agency Contact Information	
*Name	AMY KOSMATKA
*Phone #	1-614-902-4156
*Email Address:	amy.kosmatka@das.ohio.gov
Date Approved:	1/25/2016

Processing Instructions		Total Voucher Amount	\$46,222.62
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Payment Message (70 Characters maximum)	
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**Use this Section for PO or SpeedChart**

Voucher Line #	PO Number	PO Line #	PO Distribution Line #	PO Schedule #	PO Receipt #	Invoice Line Description	SpeedChart	SpeedChart Distribution Line #	Line Amount
1	18609	1				Medicaid Phases 1			\$46,222.62
2									
3									
4									
5									
6									
7									
8									
9									
10									

