Ohio Shared Services

PAYMENT REQUEST FORM

BUSINESS UNIT	ORIGIN	VOUCHER STYLE (Regular or Single Payment)
DRC 01	696	Regular

SECTION 1 - INVOICE / PAYMENT INFORMATION

VENDOR NUMBER	INVOICE NUMBER	INVOICE DATE	LAST RECEIPT DATE	TERM CONTRACT	MBE or EDGE
G9487	27838072-103113	10.31.13			
LOCATION	**ADDRESS CODE**	**PAY TERMS**		**HANDLING**	
		Due Immediatly			

SECTION 2 - INVOICE LINE / DISTRIBUTION INFORMATION

LINE #	SPEEDCHART	BUDGET REF.	FUND	ACCOUNT	ALI	DEPARTMENT	PROGRAM	GRANT/PROJECT
1								
PROJECT	**SVC LOC**	**REPORTING**				**AGENCY USE**	**XREF**	
PURCHASE ORDER #		**LN#**		**P/F**		**LINE AMOUNT**		

LINE #	SPEEDCHART	BUDGET REF.	FUND	ACCOUNT	ALI	DEPARTMENT	PROGRAM	GRANT/PROJECT
2			GRF	524103	501321	DRC230910	502DF	
PROJECT	**SVC LOC**	**REPORTING**				**AGENCY USE**	**XREF**	
PURCHASE ORDER #		**LN#**		**P/F**		**LINE AMOUNT**		
125971		01		P		3500.00		

Total Invoice Amount: $ 3500.00

SECTION 3 - SINGLE PAYMENT VENDOR

NAME 1	NAME 2	
ADDRESS		
CITY	STATE	ZIP CODE

SECTION 4 - AGENCY CONTACT INFORMATION

NAME	PHONE NUMBER	DATE
Amber Adlefonlin	740.852.4777 x 2101	10.31.13
COMMENTS		

SUBMIT FORM TO:

E-mail: invoices@ohio.gov
Fax: 1 (614) 485-1039
Mail: Ohio Shared Services
ATTN: Accounts Payable
4310 E. Fifth Ave.
Columbus, OH 43219

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO-SS1 (1 877-644-6771)
1 (614) 338-4781
E-mail: ohiosharedservices@ohio.gov

Example Only