



Cancel Save Submit

Vendor Name

Vendor Address

Vendor Invoice Number

Invoice Date

Invoice ID QA00-1057-0212

Contract Number

Attachments (0)

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- Chem Aqua
- Cornejo

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6. The

Invoice Detail

10. Enter **Payment Message** (optional - 70 characters) with identifying information for the invoice such as:
- Invoice numbers (overflow from **Vendor Invoice Number** field)
 - Account Number
 - Customer Number
 - Order Number
 - Brief description (Maintenance Subscription 10/23/19-10/22/20)
11. Enter a **Department Approval / Routing** name when additional staff are required to review the invoice. This field is optional.

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