

Job Aid

Submitting an Invoice for Payment via Invoice Imaging



This Job Aid walks through the process submitting an invoice for payment via Invoice Imaging.

Types of payments that should be submitted via Invoice Imaging:

- Payments to non-employees
- Payments to independent contractors
- Payments to companies, whether by PO or non-PO

Types of payments that **should not** be submitted via Invoice Imaging. These payments should go through the Expenses Module:

- Reimbursements to Employees, including travel
- PCard Expenses

| Step | Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | <p>Receive an invoice that requires payment for goods/services already received.</p> <p>Components of a valid invoice:</p> <ul style="list-style-type: none">• Vendor Name• Vendor Address• Amount Due• Date Due• Description of Goods/Services Provided (Itemized List)• Terms (Dates of Service) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | <p>Complete the Pay Vendor Information Form</p> <div><p>Pay Vendor Information Form</p><p>Supplier Name: _____</p><p>Payment Amount: _____</p><p>Purchase Description: _____</p><p><small>Instructions: The Pay Vendor Information Form is used to pay a vendor BY CHECK/ACH for goods and services already received. This completed form and the corresponding invoice, as well as any applicable forms from Step 2 below, should be a packet in a single attachment to the following address: Supplier@State.tx.us. Invoices INVOICE@State.tx.us and allstate@state.tx.us and allstate@state.tx.us are not to be sent to the State of Texas. The invoice must be the latest issue in the latest of the invoice. Any payment terms, including the Pay Vendor form, must be entered in REMARKS on the invoice.</small></p><p><small>DIGI WILL use this form to:</small></p><p><small>Payment has been made via ACH.</small></p><p><small>This payment is a reimbursement for travel. Travel Expense Reimbursements are to be paid via the Expense module.</small></p><p>Step 1: Purchase Order Information (When a Purchase Order associated with this payment)</p><p><input type="checkbox"/> Skip Step 1</p><p><input type="checkbox"/> Skip Complete Step 1 <small>If this payment is for a purchase order, the PO# is required.</small></p><p>Purchase Order Number: _____</p><p><input type="checkbox"/> Partial Payment <input type="checkbox"/> Full Payment (close PO after payment)</p><p>Step 2: Distribution</p><table><thead><tr><th>Item</th><th>Unit Number</th><th>Amount</th><th>Step 2 Unit Number</th><th>Step 2 Unit</th><th>2 Amount</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table><p><small>Required</small> <small>Optional: Department Use</small> <small>Required</small></p><p>Step 3: Additional Forms Attached</p><table><tbody><tr><td><input type="checkbox"/> All of</td><td><input type="checkbox"/> Independent Contractor</td></tr><tr><td><input type="checkbox"/> Working Submittal/Documentation Form</td><td><input type="checkbox"/> Request/Invoice Payment Form</td></tr><tr><td><input type="checkbox"/> Employee/Supplier Tax Status Form</td><td><input type="checkbox"/> Travel Request Form (2-Form)</td></tr><tr><td><input type="checkbox"/> Non-Resident Form</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Reservation Letter (Payment Request Backup)</td><td></td></tr></tbody></table><p>Step 4: Special Instructions</p><p>_____</p><p>Step 5: Requester/Contact</p><p>Requester: _____</p><p>Extension: _____</p></div> | Item | Unit Number | Amount | Step 2 Unit Number | Step 2 Unit | 2 Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <input type="checkbox"/> All of | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Working Submittal/Documentation Form | <input type="checkbox"/> Request/Invoice Payment Form | <input type="checkbox"/> Employee/Supplier Tax Status Form | <input type="checkbox"/> Travel Request Form (2-Form) | <input type="checkbox"/> Non-Resident Form | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Reservation Letter (Payment Request Backup) | |
| Item | Unit Number | Amount | Step 2 Unit Number | Step 2 Unit | 2 Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> All of | <input type="checkbox"/> Independent Contractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Working Submittal/Documentation Form | <input type="checkbox"/> Request/Invoice Payment Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Employee/Supplier Tax Status Form | <input type="checkbox"/> Travel Request Form (2-Form) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Non-Resident Form | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Step | Action |
|------|---|
| 3. | Gather any other relevant PSU forms (T-form, Independent Contractor, etc.) |
| 4. | <p>Scan the invoice, pay vendor form, and any other relevant forms. Save the file as a PDF document.</p> <p>Remember: The invoice must be e-mailed in a single attachment with all necessary backup. The order should be:</p> <ul style="list-style-type: none">• Invoice (could be several pages)• Pay Vendor Information Form• Additional Relevant PSU Forms |
| 5. | E-mail the PDF file to FusionFINCloud-Invoices-EBYF-1@workflow.mail.us2.cloud.oracle.com |
| 6. | You have reached the end of the Submitting an Invoice for Payment via Invoice Imaging Job Aid. |