

# Instructions

PLEASE STAPLE THIS FORM TO THE FRONT OF INVOICE

IF THIS PAYMENT IS A REIMBURSEMENT, THEN PLEASE USE THE SABO EXPENSE VOUCHER FORM.

NORTHEASTERN UNIVERSITY'S TAX EXEMPT NUMBER IS  
**04-1679980**


ADDRESS SHOULD BE THE REMIT TO ADDRESS ON THE INVOICE

A. INVOICE # AND DATE DIRECTLY FROM THE INVOICE IF THERE IS NO INVOICE #, THEN:

- 1 USE INVOICE DATE AS INVOICE #
- 2 IF NO INVOICE DATE, USE DPAY DATE
- 3 IF SUBSCRIPTION OR CONFERENCE, USE LAST NAME OF EMPLOYEE PLUS FIRST INITIAL FOLLOWED BY THE MONTH AND YEAR OF MEMBERSHIP OR ATTENDANCE
- 4 IF PHONE BILL USE THE 10 DIGIT PHONE # FOLLOWED BY THE MONTH AND YEAR OF BILL

B. PAYMENTS TO INDIVIDUALS AND/OR TO INDEPENDENT - CONTRACTORS...

IF PAYMENT IS FOR SERVICES RENDERED, PERFORMERS, RENTS OR ROYALTIES, THEN A SSN OR TAX ID IS REQUIRED.

**PLEASE SIGN TO THE RIGHT** 

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## SABO DIRECT PAY REQUEST FORM (SDPAY)

Document #: \_\_\_\_\_  
(AP USE ONLY)

**VENDOR NUMBER:** (AP/SABO USE ONLY)

**VENDOR NAME:**

**ADDRESS:**

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

**INVOICE #:** \_\_\_\_\_ **INVOICE DATE:** \_\_\_\_\_

INDEX	ACCOUNT CODE	<b>S A B O</b>	NET \$ AMOUNT	
<b>TOTAL NET \$ AMOUNT:</b>				

**DUE DATE:** \_\_\_\_\_ **OVERNIGHT**

**ADVISOR APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SABO APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AP COMPLIANCE CHECK** \_\_\_\_\_ **DATE:** \_\_\_\_\_

MOST COMPANIES ISSUE INVOICES REQUESTING PAYMENT. IF AN INVOICE WAS NOT PROVIDE A BRIEF BUSINESS PURPOSE FOR THIS PURCHASE.

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**ONE SDPAY MUST BE COMPLETED FOR EACH INVOICE**