

## INSTRUCTIONS FOR COMPLETING FORM BUS5000

(LAST REVISED DECEMBER 2009)

**NOTE:**

- Please read the instructions carefully. The processing of this form may be delayed if data, documentation or information is missing or incomplete.
- Multiple invoices for the same vendor may be processed on a single form.
- Adequate documentation of the transaction must be submitted with this form. The best documentation is the detailed original invoice received from the Vendor. If original documentation is not available, attach a legible copy or fax and indicate on the document that the original is not available.

**FORM SECTIONS:**

<b>1. FULL BUSINESS NAME</b>	Provide the <b>complete name</b> of the Vendor to be paid as it appears on the invoice. Include suffixes to its business name, such as “Inc.,” “Corp.,” “Ltd.,” etc.										
<b>2. ADDRESS</b>	Provide Vendor’s <b>complete address</b> , including the suite or room number (if applicable), floor, and zip code.										
<b>3. FEDERAL TAX ID NUMBER</b>	Provide the Federal Tax ID number of the Vendor being paid.										
<b>4. DEPARTMENT TO BE CHARGED</b>	Provide the name of the Department to be charged for the expenses.										
<b>5. ENCLOSURE</b>	When the Vendor requires a copy of the invoice with the payment, check the box and attach an extra copy to the form.										
<b>6. HOLD FOR PICK UP</b>	Under extraordinary circumstances, a check may be held for pick-up at the receptionist window on the 9th Floor of 726 Broadway. Please mark the box and provide the full name and telephone number of the person to be called when the check is available for pick-up.										
<b>7. INVOICE NUMBER OR DESCRIPTION &amp; SERVICE DATE</b>	<p>Provide the invoice number whenever it is available. Use up to 12 characters/digits. If the invoice number is not available, use an abbreviated description (6 characters) as shown below, followed by the date of service (6 digits). For example, if paying for membership dues and no invoice number is available, indicate MEMBER (mm/dd/yy). <b>This information is important; it will appear on the check stub as the invoice number and description of the payment.</b></p> <p>Below are appropriate abbreviations for this section:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Type of Expenses</u></th> <th style="text-align: left;"><u>Abbreviated Description (6 characters) &amp; Date</u></th> </tr> </thead> <tbody> <tr> <td>Membership</td> <td>MEMBER (mm/dd/yy)</td> </tr> <tr> <td>Subscriptions</td> <td>SUBSCR (mm/dd/yy)</td> </tr> <tr> <td>Royalties</td> <td>ROYALT (mm/dd/yy)</td> </tr> <tr> <td>Professional Service Fees (Legal, Engineering, etc.)</td> <td>PROFES (mm/dd/yy)</td> </tr> </tbody> </table>	<u>Type of Expenses</u>	<u>Abbreviated Description (6 characters) &amp; Date</u>	Membership	MEMBER (mm/dd/yy)	Subscriptions	SUBSCR (mm/dd/yy)	Royalties	ROYALT (mm/dd/yy)	Professional Service Fees (Legal, Engineering, etc.)	PROFES (mm/dd/yy)
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<b>8. INVOICE DATE OR DEPARTMENT PROCESSING DATE</b>	Provide the invoice date whenever it is available. If unavailable, provide the date this form is prepared or completed. Indicate month/date/year in numbers, using “zero” before single digits (e.g., 01/01/02).										
<b>9. AMOUNT</b>	Provide the amount to be charged to each individual chartfield.										
<b>10. CHARTFIELD</b>	Enter valid chartfield(s) to be charged.										
<b>11. TOTAL AMOUNT (IN WORDS)</b>	Provide the total amount of payment in words.										
<b>12. EXPLANATION OF PAYMENT</b>	Describe <b>fully</b> the nature of the payment and the business purpose of the charge. This description will not appear on the check.										
<b>13. SIGNATURES/APPROVALS</b>	<p>Provide the name of the person in the department that Accounts Payable may contact for information regarding the transaction. Also provide his/her email address and telephone number.</p> <p>Print or type the name of the NYU employee who is the Approver. The form must be signed and dated in order to be deemed valid. Approver’s signature must be on file in Accounts Payable.</p>										

*Incomplete forms will be returned to the originating Department.*