

Supplier Name:

# INVOICE

Supplier Remit to address:

**INVOICE NUMBER:**

**INVOICE DATE:**

P.O. NUMBER	REQUESTER	TERMS

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

<b>SUBTOTAL</b>	
SALES TAX	
SHIPPING & HANDLING	
TOTAL DUE	



**THE OHIO STATE UNIVERSITY**

OSU-generated invoice; This is a substitute only for instances where a supplier can not submit a supplier generated invoice.