

Supplier Name:

INVOICE

Supplier Remit to address:

INVOICE NUMBER:

INVOICE DATE:

P.O. NUMBER	REQUESTER	TERMS

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

SUBTOTAL	
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.