

AP CONTRACTUAL SERVICE VOUCHER

SOUTHERN ILLINOIS UNIVERSITY

Accounts Payable Use
Date: _____
Entered By: _____

Department/Contact Information:

Dept. Name _____ Contact Name _____ Phone No. _____ Mail Code _____

Please complete the following information, attach to the invoice and forward to the Accounts Payable Office, Mail Code 6818. If you have any questions, please call Accounts Payable at 3-2253.

General Instructions:

1. Each invoice must have the Account Distribution section completed.
2. The Fiscal Officer must sign for each unique Budget Purpose in ink (other than Black).
3. The original form and invoice must be returned to Accounts Payable.
4. Complete a second form if the expense is to be split more than three ways.
5. Complete a Seller's Certification section at the bottom if necessary to obtain payee's signature.

Supplier Name / Address:	Name: US Dept Homeland Security	AIS Supplier No:
	Address Ln 1: USCIS California Service Center	Supplier Site Name:
	Address Ln 2: P.O. Box 10129	
City / State / Zip: Laguna Niguel, CA 90267-1012		TIN or SSN: 43-20000174
Invoice Number:	Invoice Date:	Dollar Amount of Invoice:
PO Number:	Release Number:	PO Type:
		Payment To:

Is the payment to or on behalf of an U.S. Citizen or Permanent Resident? Yes No
 Gross Up? Yes No

Dates of Service: Beginning/Ordered _____ Ending/Received _____

Send Attachments with Check Special Handling _____ Pay Alone

Description/Note to Accounts Payable: H-1B Application for NAME OF FOREIGN NATIONAL GOES HERE

AIS Invoice Account Information												
Date	Fiscal Officer Name (Typed)	Fiscal Officer Signature	Budget Purpose (or Alias)	Dept Act 1	Dept Act 2	Func	Nat Act	Obj	FY	SOF (AP Use Only)	PO Line Number	Dollar Amount
3 Apr 2007												
3 Apr 2007												
3 Apr 2007												
TOTAL											\$0.00	

THIS SECTION TO BE COMPLETED BY INTERNATIONAL TAX OR PAYROLL OFFICE

Taxable Income	Federal Withholding Tax Amount	State Withholding Tax Amount	Medicare Amount	Net Earnings	*Non-taxable Expenses
1	2	3	4	5	6
					Enter Amount From Block 6
					7

*Expenses: Amount of non-taxable expense you incurred for which you are allowed reimbursement under terms of agreement.

Do Not Write Below This Line

Income Code	Tax Rate %	Exemption Code	Country Code	Recipient Code	PAYEE WARRANT-----	Sum of 5 & 7	8
					TREASURER, STATE OF ILLINOIS ---	Enter Amount From 2	9
					ILLINOIS DEPARTMENT OF REVENUE	Enter Amount From 3	10
					SOCIAL SEC ADM FUND EMPLOYEE	Enter Amount From 4	11

8233/W-8 BEN Yes No

Nonresident Alien Tax Specialist Approval _____ Date _____

SELLER'S CERTIFICATION
 I hereby certify that the Goods, Merchandise, Ware, or Services shipped or performed in accordance with this invoice have met all of the required standards set forth in the Purchasing Contract and are proper charges against the State of Illinois or Board of Trustees of Southern Illinois University and that payment has not been received.

Signature _____

SUBMIT COMPLETED FORM, WITH INVOICE, TO ACCOUNTS PAYABLE, MC6818.