

**STANDARD INVOICE PRE-PROCESSING FORM
OHIO SHARED SERVICES**

Directions: A Pre-processing form must be used for one invoice.

Please type your data in this form.

* Origin Code, Date Invoice Received and Agency Contact Information are mandatory fields - complete the other sections only when information is not on the purchase order or invoice.

Agency Information	
Business Unit:	
*OSS Origin:	
*Date Invoice Received:	

Vendor Information		
OAKS Vendor ID:		
Vendor Name:		
Payment Terms:	MBE / EDGE:	
Address Seq #:	Vendor Location:	
Term Contract ID:		

Single Payment Voucher Information	
Name 1:	
Name 2:	
Address:	
City:	
State:	
Zip:	

*Agency Contact Information	
Name:	
Phone #:	
Date Approved:	

Agency Comments/Instructions for OSS		Total Voucher Amount	
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Payment Message	
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Voucher Line #	PO NUMBER	SPEEDCHART	PO / SpeedChart Line #	PO / SpeedChart Schedule #	Invoice Line Description <small>(Agency use only - OSS will not enter)</small>	Receipt #	Amount
1							
Fund		Account Code		ALI	Department	Program	Grant/Prj
Project		Serv Loc		Reporting	Agency Use	ISTV XREF	Budget Reference

Voucher Line #	PO NUMBER	SPEEDCHART	PO / SpeedChart Line #	PO / SpeedChart Schedule #	Invoice Line Description <small>(Agency use only - OSS will not enter)</small>	Receipt #	Amount
2							
Fund		Account Code		ALI	Department	Program	Grant/Prj
Project		Serv Loc		Reporting	Agency Use	ISTV XREF	Budget Reference

Voucher Line #	PO NUMBER	SPEEDCHART	PO / SpeedChart Line #	PO / SpeedChart Schedule #	Invoice Line Description <small>(Agency use only - OSS will not enter)</small>	Receipt #	Amount
3							
Fund		Account Code		ALI	Department	Program	Grant/Prj
Project		Serv Loc		Reporting	Agency Use	ISTV XREF	Budget Reference

** PPF will be returned for the following reasons: Required fields not completed, form has been modified, incorrect version of form, handwritten information, or agency generated PPF was provided. **

