

## **NEW YORK** STATE OF OPPORTUNITY. Business Services Center

BSC Accounts Payable 1220 Washington Ave Building 5, Floor 5 Albany, NY 12226-1900 Phone: (518) 457-4272 Fax: (518) 457-1879 Email: AccountsPayable@ogs.ny.gov

## **BSC Invoice Submission Form for Agencies**

**Purpose:** The BSC Invoice Submission Form is for use by BSC customer agencies to submit agency-approved invoices. In addition, this form is an agency's "Ok to Pay" and will be utilized as authorization for payment processing.

**Instructions:** The BSC Datacap system uses text recognition software to capture data entered into documents. As this software works best reading typed information, please type as much of the information below as possible. Submit the form along with your scanned invoice to <u>AccountsPayable@ogs.ny.gov</u> The invoice should be the first document in your attachment, followed by this form and then any other additional documents relevant to the invoice.

SECTION I: INVOICE INFORMATION				
Document Type		Invoice Type		
Business Unit (SFS GLBU)			Routing ID	
Invoice Number			Invoice Amount	
Invoice Date			Invoice Received Date	
SECTION II: VENDOR INFORMATION				
		Vendor Name		
Address Sequence				
SECTION III: AGENCY APPROVAL FOR PAYMENT AND SIGNATURE				
Contract No. Purchase Order No. or			Template ID	Receipt No.
Purchase Order Line/Distribution Line No. & Amounts				
Contact Name	Phone Nu	mber		Date
SECTION IV: ADDITIONAL COMMENTS				
COA Coding, Notes or Additional Information				