



**Office of General Services
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 Vendors

Purpose: This form is used for new invoices that are being submitted to the BSC by Vendors.

Instructions: The BSC FileNet 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. Please submit the form along with your scanned invoice to AccountsPayable@ogs.ny.gov. 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	
Business Unit (SFS GLBU)	
Invoice Date	Invoice Number
Invoice Amount	Unit Code/ID
SECTION II: VENDOR INFORMATION	
Vendor Identification Number (10 Digits)	Vendor Name
Contract or Purchase Order Number	
SECTION III: NOTES	
Notes or Additional Information	