



Department of Finance and Administration  
**Office of Accounting**  
**Direct Invoice / Credit Memo - Form F10001**

BASIC DATA				REMIT TO:			
Vendor No:		Invoice Date:		Payee:			
Transaction:		Posting Date:		Address:			
Reference:		Invoice Amount:		City:			
Calculate Tax:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		State:		ZIP Code:	

TAX AND WITHHOLDING				DETAILS			
Tax Code:		Withholding Code:		Assignment (Invoice #):		Business Area:	

ONE TIME VENDOR DATA				PAYMENT DATA			
Name:				Payment Terms:			
Address:				Payment Method:		Payment Method Supplement:	
City:		State:		House Bank:			
		ZIP:		Payment Block:			
Cont. Key (CK/SAV):		Tax ID:		Payment Reference:			
Bank Key (Rtg. No.):				Invoice Reference:			
Bank Account:							

MANUAL CHECK ONLY				DETAILS			
Check Number:				Cash GL Account:			
Check Date:				Check Amount:			

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1								
2								
3								
4								
5								
<b>TOTAL</b>								

Date:			
Signature:			
<input type="checkbox"/> CHECK BOX IF 2ND PAGE USED Page <input type="text"/> Out Of <input type="text"/> (R 02/19/2014 by TNLEITMEYER)			

Remit Form to:  
**Office of Accounting Service Bureau**, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203  
 E-Mail: SB-ACCOUNTING@DFA.STATE.AR.US | Telephone: (501) 682-1675 | Fax: (501) 682-2166

DFA Accounting Only	
Invoice Document Number:	