

# Bryn Mawr College Comptroller's Office

## Accounts Payable Transmittal

Vendor Name \_\_\_\_\_

*For Accounts Payable Use Only:*  
Vendor # \_\_\_\_\_

16-Digit Account Number	Invoice Amount	Invoice Number		Invoice Date
Fund-Expense-Dept-Project				

16-Digit Account Number	Invoice Amount	Invoice Number		Invoice Date
Fund-Expense-Dept-Project				
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

**Grand Total \$** \_\_\_\_\_

Send blue form with *original invoices* to Accounts Payable and retain copies for your files.  
*The material(s)/services on the attached original invoices have been received and are acceptable:*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Approved Signature*

\_\_\_\_\_  
*Telephone Extension*