

# WHAT TO INCLUDE ON YOUR INVOICE TO NEW YORK STATE

\*([Accessible Version](#))

Please ensure your invoices include the following information. If information is missing, your invoice may be returned unpaid or payment may be delayed.

**1 Vendor Identification** – your legal business name, remit-to address, NYS Vendor ID#, and contact information in case there are questions.

**1**  
**The NYS Vendor**  
 Your Legal Address  
 Suite 206  
 Albany, NY 12205  
 Phone (518) 4xx – 7xxx  
 NYSvendor@vendor.com  
 Fed ID # 26-1234567  
 Vendor ID 0100000000

**2 Invoice Date** – the date the invoice was created. The invoice date must be later than the date the goods or services were delivered or rendered.

**Invoice**

<b>2</b> Date	<b>3</b> Invoice #
9/17/2018	17/18543

**3 Unique Invoice Number** – you create your own invoice number. Use this number to obtain information about the status of your invoice in the SFS Vendor Self Service Portal.

**4**  
 Bill to  
 Office of the State Comptroller  
 110 State Street  
 Albany, NY 12236  
 ATTN: Finance Office

**4 Bill to** – the name of the NYS agency that ordered the goods or services. Please also provide the delivery address and/or name of your agency's contact to help us if there are questions.

<b>5</b> PO No.	<b>6</b> Terms
18P0254	2/10, net 30

**5 Purchase Order (PO) Number** – if you received a PO, include the PO number.

Quantity	Description	U/M	Rate	Amount
<b>7</b> 50	<b>8</b> A full description of what was provided. Including dates of service and PO line # if applicable.	<b>9</b> Hours	<b>10</b> 30.00	<b>10</b> 1,500.00
<b>11</b> Total				\$1,500.00

**6 Payment Term** – the payment discount you are offering. If no other term is provided, NYS pays all invoices NET 30 days from the date the invoice is received by the designated payment office as indicated on the PO or agreement. NYS will make every effort to pay invoices within a vendor's designated discount period, if provided. Invoices not paid in 30 days will have interest added to the invoice as required by law.

**7 Quantity** – of goods, property, or services delivered for each invoice line item.

**Description** – of the item being billed including PO line #, item #, contract #, and/or dates of service if applicable and available.

**9 Unit of Measure** – if you received a PO, the unit of measure for each item being invoiced must be consistent with the PO and PO line number.

**10 Rate** – the unit price as authorized in the PO or agreement.

**Total** – the payment amount being requested for the invoice.



The invoice must be delivered to the designated payment office specified in your agreement or on the PO you received. NYS will not accept invoices for items or quantities not delivered.

Thank you for your help. NYS is committed to paying your invoices timely upon receipt of an invoice containing the information above.