



State of Louisiana
DIVISION OF ADMINISTRATION

OFFICE OF STATEWIDE REPORTING AND ACCOUNTING POLICY

M. J. 'MIKE' FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

June 2, 1999

MEMORANDUM SA 99-31

TO: Fiscal Officers
All ISIS Agencies
FROM: F. Howard Karlton, CPA
Director
SUBJECT: ISIS Payments

The Office of Statewide Reporting and Accounting Policy (OSRAP) has received several complaints from agencies and vendors due to the lack of sufficient check stub information. The State Treasurer's Office (STO) and OSRAP have also received complaints from several local government entities that receive payments from state agencies. Agencies have been cautioned numerous times to include, at a minimum, the vendor's invoice and account number on all payments for which such information is available.

The invoice number is a required field in all subsystems of ISIS. The agencies need to ensure that the invoice number entered is the one provided by the vendor and not an agency created number. This field prints 12 characters in the Invoice # field of the check stub. If the vendors invoice number is longer than 12 digits, enter the last 12 digits on your payment documents. The comments field in AGPS/CFMS and the description field in AFS will print on the AFS check stubs in the Comment field. The information entered in these fields, unlike the invoice number, may be repeated on all payments to the vendor by the agency. Entries should include account numbers, patient names, customer numbers, grant numbers, etc. whenever available. Examples of correctly completed payment documents appear below.

ENTER FUNCTION: TRANS: OPAY
DATE: 06/02/99
ORDER PAYMENT HEADER TABLE
TIME: 07:51:59
KEY IS ORDER NUMBER AND VENDOR INVOICE NUMBER
TERM: \$DP2
ORDER NO.: 3000000 BILL-TO AGENCY:
715000 S00000

VEND INVOICE NO.: 7951962 CONTRACT NO.:

STATUS CODE.: 636 : ACCT INTERFACE SUCCESSFUL
APPROVE PAYMENT.: Y SCHED PAY DATE: 06/10/98 SCHED PAY DATE
OK?:
RECEIPT DATE.: 06/02/98 ACCT PERIOD.:

BUDGET FY.....: SINGLE CHECK...: N PAY TO AGENCY...:
VENDOR NUMBER...: XXXXXXXXXX XX PARTIAL/FINAL...:
F
PAYEE NAME 1....: QUILL CORP CHECK CATEGORY:
PAYEE NAME 2....: PPA START DATE:
06/10/98
ADDRESS LINE 1...: PO BOX 94081 AGPS INVOICE#
AAA
ADDRESS LINE 2...: CHECK NUMBER...:
00000811817
CITY, STATE, ZIP: PALATINE IL 60094 - 4081
PAYMENT AMOUNT...: 148.68 AMOUNT PAID....: 148.68

COMMENTS.....: ACT#02703236

INVOICE DATE....: 06/10/98 PAYMENT VOUCHER #: 1365755
USERID LAST CHG.: BK26Y DATE LAST CHANGED: 06/12/98
ORDER DOC TYPE..: LDO : LOW DOLLAR ORDER USER
APPV: Z715A05
PAYMENT TYPE....: 1 : VENDOR PAYMENT DATE
APPV: 06/10/98

ENTER FUNCTION: TRANS: KINV
CONTRACT INVOICE/PAYMENT TABLE
DATE: 06/02/99
KEY IS CONTRACT NUMBER AND VENDOR INVOICE NUMBER
TIME: 08:05:20

TERM: \$DP2
CONTRACT NUMBER.: 506514 : LOCAL COMMUNITY AND DEVELOPMENT
BLOCK

VEND INVOICE NO.: X1016072-003 CONTRACT REVIEW
#: 101-6072

INVOICE COMMENTS: CDBG# 101-6072 AGCY CONT #: C-
10166

CONTRACT TYPE...: GOV : GOVERNMENTAL CONTRACT-CFMS CFMS INV
#: AAA
STATUS CODE.....: PYS : PAYMENT SUCCESSFUL IN ACCTING CHG
DATE: 07/21/97
VENDOR NUMBER...: XXXXXXXXXX XX NAME: TANGIPAOA PARISH COUNCIL
ADDRESS 1 AND 2.: PO BOX 916

CITY.....: AMITE STATE: LA ZIP: 70422
INV AMT: 103974.10 INV DTE: 07/11/97 INV RCVD: 07/21/97 INV
APRV: 07/21/97
DATE GOODS/SERV RCVD/ACPTD: 07/21/97 CONTACT PERSON:
DEFERRED COMP VENDOR: :
PYMT TYPE.: RP : REGULAR PAYMENT P/F: P SNGL CHK:
CHK CAT:
BFY: 98 ACCT PERIOD: 0198 EFFCTVE BILLING FROM:
TO:
PAYMENT AMOUNT.: 103974.10 SCHD PAY DATE: 07/21/97
RETAINAGE AMT...: .00 DATE APRVD.: 07/21/97 USERID
APRVD: Z107B12
RECOUPMENT AMT.: .00 LST BTCH#: 770528 PV# 0836713
DC PV#
DEFRD COMP AMT.: .00 CHECK NUMBER: 00000429917 DATE
PAID: 07/22/97
NET TO VEND AMT: 103974.10 USER LST CHG: BK26Y DTE LST
CHG: 07/22/97

FUNCTION: DOCID: P1 100 P1000002126
06/02/99 08:02:15 AM
STATUS: ACCPT BATID: ORG:
001-001 OF 002

VENDOR PAYMENT VOUCHER INPUT FORM

PV DATE: 05 26 99 ACCT PD: 11 99 BFY: 99 ACT: E SINGLE CHECK: N
TC: FA:
EFT IND/TYPE: N / 99 CHECK CAT: 99 OFF LIAB ACCT: SCHED PAY
DATE: 05 26 99
VENDOR: XXXXXXXXXX XX ACT DEL DATE: 05 24 99 DOC TOTAL:
2,996.98
NAME: G PAUL MARX USE TAX:
0.00
ADDR: PO BOX 82389 CALC DOC TOTAL:
2,996.98
:
: LAFAYETTE LA 70598 2389 FREIGHT IND:
FREIGHT TOT:

I/D:
TOT AMT: I/D: CAL AMT:
TOT QTY: I/D: CAL QTY:
LN REFERENCE COM VENDOR INV
NO CD NUMBER LN LN INVOICE LN FUND AGCY ORG/SUB
APPR UNIT ACTV

FUNC	OBJ/SUB	RSRC/SUB	JOB/PROJ	RCAT	BACC	DT	DESCRIPTION		
QUANTITY	I/D								

TAX CD	FREIGHT	AMOUNT	I/D	AMOUNT	I/D	TAX	AMOUNT		
TOTAL	AMOUNT	P/F							

01	PO	100	PO000001047	01	<u>00PM-217-599</u>	100	100	2021	
200	3742		PC				<u>LIDAB - CONNOLLY</u>		
				2,968.98					
2,968.98									
A--*HS60-DOCUMENT MARKED FOR READ ONLY									

Those individuals responsible for approving payment transactions should have a copy of the vendor's invoice and verify that all identifying information provided by the vendor has been included on payment transactions before applying approvals.

We hope that this memorandum will encourage you to put the necessary information on all of your payment documents. Doing so will ensure the proper posting of your payments by the vendor and save time for all of us. **Please distribute this memorandum to all accounts payable personnel within your agency.**

If you have any questions, please contact the OSRAP Help Desk at (225) 342-1097.

FHK: rtj

C: Gary Hall, CPA
 Carl Berthelot