



In Lieu of Invoice

PR _____

Please use this form to request payment in situations where it is not possible or appropriate for the vendor or individual to provide an invoice, e.g.: refunds, honoraria, prizes, or fellowship payments. **All fields are required.**

INVOICE NUMBER*: _____ (25 CHARACTER LIMIT)

INVOICE DATE: _____ (STANDARD PAYMENT TERMS APPLY)

AMOUNT OF PAYMENT: _____

NAME OF INDIVIDUAL/VENDOR: _____

REASON FOR PAYMENT:

☐ REFUND ☐ HONORARIUM ☐ PRIZE/AWARD ☐ ROYALTY
☐ FELLOWSHIP/GRANT ☐ DONATION ☐ OTHER _____

IF 1042S VENDOR, SERVICE IS DONE: ☐ INSIDE the US
☐ OUTSIDE of the US (Location: _____)

BUSINESS DESCRIPTION:

PREPARED BY: _____ (FIRST AND LAST NAME) PHONE #: _____

GUIDELINES FOR COMPLETING THIS FORM

1. This form should be used in lieu of an invoice for specific situations where one cannot be provided.
2. Create a Payment Request in HCOM for the Vendor, and entered the PR number in the upper right corner of this form.
3. *Invoice Number: The preferred standard is VENDORNAME00MON00, for example JOHNHARVARD03APR16 for a payment made to John Harvard on April 03, 2016. (Special note: AP uses the invoice number to prevent duplicate payments. Please make sure a request is not submitted twice with different invoice numbers, or a duplicate payment may occur in error.)
4. Reason for Payment: a box must be checked for the form to be processed. If "Other", please provide detail.
5. If a 1042S vendor/individual; a box must be checked and the location provided if service is outside the US.
6. Business Description: Provide detailed information regarding the transaction
7. Send this completed form to Accounts Payable: 1033 Massachusetts Ave 2nd Floor, Cambridge, MA, 02138
8. Payment will be made according to the vendor's terms.
9. Do NOT edit this form. This form must be submitted in its original format.
10. Detailed instructions can be found on the AP website by clicking here.