

# RIN – Vendor Invoice for Ready/Recurring Payments Document

## Header Section

▼ General Information

Document Name :	<input type="text"/>	Allow Partial Payment :	<input type="checkbox"/>
Origination Date :	<input type="text"/>	Vendor :	<input type="text"/>
Invoiced Date :	<input type="text"/> 	Vendor Invoice Number :	<input type="text"/>
Tracking Date :	<input type="text"/> 	Total Document Amount :	<input type="text"/>
Invoiced Location :	<input type="text"/>	Closed Amount :	<input type="text"/>
Invoiced by :	<input type="text"/>	Closed Date :	<input type="text"/>
Phone Ext :	<input type="text"/>		
Description :	<input type="text"/>		

▼ Extended Description

Description :	<input type="text"/>
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# RIN – Vendor Invoice for Ready/Recurring Payments Document

## Vendor Section

▼ General Information

Vendor Code :	Vendor Contact ID :
Name :	Vendor Contact Name :
Alias/DBA :	Vendor Contact Phone :
AddressCode :	Vendor Contact Phone Ext. :
	Vendor Contact Email :

▼ Disbursement Information

Disbursement Category :	Single Check Flag :
Disbursement Format :	On-line Disbursement Request :
Disbursement Priority :	Handling Code :
Disbursement Type :	Tax Profile Code :
	Scheduled Payment Date :

▼ Discount Information

Percent 1 :	Days 1 :	Discount Always 1 :
Percent 2 :	Days 2 :	Discount Always 2 :
Percent 3 :	Days 3 :	Discount Always 3 :
Percent 4 :	Days 4 :	Discount Always 4 :

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## Commodity Section

### ▼ Reference

Ref Doc Code :	<input type="text"/>	Ref Award Line :	<input type="text"/>
Ref Doc Dept :	<input type="text"/>	Invoice Indicator :	<input type="text"/>
Ref Doc ID :	<input type="text"/>		

### ▼ Commodity Information

Vendor Invoice Line No :	<input type="text"/>	Received Service From Date :	<input type="text"/>	
Procurement Folder :	<input type="text"/>	Received Service To Date :	<input type="text"/>	
Commodity :	<input type="text"/>	Commodity Description :	<input type="text"/>	
Line Type :	<input type="text"/>	Tax Profile :	<input type="text"/>	<input type="text"/>
Invoiced Qty :	<input type="text"/>	Condition :	<input type="text"/>	<input type="text"/>
Unit :	<input type="text"/>	Reason :	<input type="text"/>	
Invoiced Unit Price :	<input type="text"/>	Additional Comment :	<input type="text"/>	
Price :	<input type="text"/>			
Tax Amount :	<input type="text"/>			
Item Total :	<input type="text"/>			
Invoiced SC Amount :	<input type="text"/>			
Order QTY :	<input type="text"/>			
Order Unit Price :	<input type="text"/>			
Order SC Amount :	<input type="text"/>			
Ordered Item Total :	<input type="text"/>			
Match Type :	<input type="text"/>			
FOB Name :	<input type="text"/>			

### ▼ Tolerance Information

Underage Tol Qty :	<input type="text"/>	Overage Tol Qty :	<input type="text"/>
Underage Tol SC Amt :	<input type="text"/>	Overage Tol SC Amt :	<input type="text"/>

### ▼ Discount Information

Percent 1 :	<input type="text"/>	Days 1 :	<input type="text"/>	Discount Always 1 :	<input type="text"/>
Percent 2 :	<input type="text"/>	Days 2 :	<input type="text"/>	Discount Always 2 :	<input type="text"/>
Percent 3 :	<input type="text"/>	Days 3 :	<input type="text"/>	Discount Always 3 :	<input type="text"/>
Percent 4 :	<input type="text"/>	Days 4 :	<input type="text"/>	Discount Always 4 :	<input type="text"/>