



Department of Finance and Administration  
**Office of Accounting**  
**Direct Invoice / Credit Memo - Form F10001**

BASIC DATA				REMIT TO:		
Vendor No:		Invoice Date:		Payee:		
Transaction:		Posting Date:		Address:		
Reference:		Invoice Amount:		City:		
Calculate Tax:	Yes      No			State:	ZIP Code:	

TAX AND WITHHOLDING			DETAILS		
Tax Code:		Withholding Code:		Assignment (Invoice #):	Business Area:

ONE TIME VENDOR DATA				PAYMENT DATA		
Name:				Payment Terms:		
Address:				Payment Method:	Payment Method Supplement:	
City:	State:	ZIP:		House Bank:		
Cont. Key (CK/SAV):	Tax ID:			Payment Block:		
Bank Key (Rtg. No.):				Payment Reference:		
Bank Account:				Invoice Reference:		

MANUAL CHECK ONLY			DETAILS		
Check Number:			Cash GL Account:		
Check Date:			Check Amount:		

EXPENSE DETAIL								
Line No.	GL Account	Amount	Tax Code	Cost Center	WBS Element	Internal Order	Earmarked Funds	Text
1								
2								
3								
4								
5								
<b>TOTAL</b>								

Date:		
Signature:		

**CHECK BOX IF 2ND PAGE USED**

Page  Out Of  (R 02/19/2014 by TNLEITMEYER)

**Remit Form to:**  
**Office of Accounting Service Bureau**, PO Box 3278, 1509 West 7th, Room 100, Little Rock, AR 72203  
**E-Mail:** SB-ACCOUNTING@DFA.STATE.AR.US | Telephone: (501) 682-1675 | Fax: (501) 682-2166

DFA Accounting Only	
Invoice Document Number:	