Duke University/Duke University Health System
Accounts Payable Invoice Copy Request Form

Must complete all fields (all information can be obtained from the R/3 report, Display Actual Line Items)

1. Vendor Name  
2. Ref Document No  
3. Invoice Amt  
4. Company Code  
5. Reference  
6. Entered by  
7. Entry Date

Return invoice copy by: Fax ☐ Campus mail ☐ Fax/Box number ______

Requested by: ______
Department ______ Telephone # ______
E-mail Address ______

Send Completed form to: Accounts Payable, 705 Broad St, Box 90493, Fax: 681-8851

AP USE: Prepared by_________ Date_________
Comments________________________

If copies are needed for more than 5 invoices, the request may be submitted electronically as an excel spreadsheet to: accountspayable@duke.edu.

Please allow 5 business days for copies.

* In order to determine Entered by and Entry Date:
  In R/3 from the Display Actual Line Item report
  • Double click on the dollar amount of the invoice, this will bring you to Document Overview Display
  • Click on the top hat
  • From the Document Header information, you can identify Entered by and Entry date