

**AG PURCHASING CENTER
DIV FORM**

Department:

Vendor / Payee Information:	
Name:	<input type="text"/>
Vendor Number:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Phone:	<input type="text"/>
Business Purpose:	<input type="text"/>

Invoice Information	
Invoice Date:	<input type="text"/>
Due Date	<input type="text"/>
Invoice Number:	<input type="text"/>
Invoice Total:	<input type="text"/>

Account information		
GL	Account	Amount

Total Amount:

**Special
Instructions:**

**Approver
Signature:** _____

Click "Submit Form" to draft email to Ag Purchasing.
Please do not change subject line or delete the PDF attachment.