

Vendor Invoice Entry

Vendor Code   
Vendor Name  Liability: Terms: Discount:

Invoice  Credit 1

Vend Invoice #  Vend Invoice Date   
Invoice Amount  Due Date   
PO Number  Posting Date   
Currency   
Currency Amt   
Description

Expense GL	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pending Ticket(s)



Add Clear

Total Distributions

0.00

Confirm Reset Delete Print Check Hand Written Check

Pay Selected Ticket(s)