## **Placemat - Invoice Submission**

irpose		Audience
e purpose of this placemat is to serve as guidance to assist you wit enable us to efficiently pay you in a timely manner.	th complying with our invoice submission requirements. Following this p	process ABG Supplier
<ul> <li>Invoice Content Requirements: All invoices <u>must</u> contain the following information, or you will</li> <li>Purchase order number, obtained from the ABG purchase 99(6-digit number), e.g., 99123456</li> <li>OUS(6-digit number) or OCA(6-digit number), e.g. COL(7-digit number), e.g., COL1234567</li> <li>FPO (4-digit number), e.g., FPO1234</li> <li>Email address of ABG purchasing employee</li> <li>Supplier name and address in text format (matching the Avis Budget Group purchasing employees name (first Invoice number (unique to each invoice)</li> <li>Invoice total</li> <li>Invoice date</li> <li>Description of services or goods, including; unit price, of Avis Budget Group Ship to address</li> <li>* For inquiries and supplier profile updates, please email</li> </ul>	sing employee at time of order, which must be in one of the four formats ., OUS123456 address on file from your company's IRS W9 form) and last)	s:
<ul> <li>Format Guidelines: Invoices should meet the formal guidelines below:</li> <li>Acceptable invoice formats: .TIFF; .TIF;.PNG;.DOC;.DOCX and .PDF (No excel)</li> <li>Good image quality free of handwritten content and stamps.</li> <li>One invoice per file attachment.</li> </ul>	Invoices must be submitted to AP for validation using the invoice submission email.	Payment Method:       Image: Comparison of the settlement and the settlement.

Do **<u>not</u>** copy **<u>PayablesSupportNA@avisbudget.com</u> when sending invoices to ABG.** 

AP Supplier ACH Form

## **Placemat - Invoice Submission**

Sample invoice for submission

ABC INTERNATIONAL LIMITED **101 CANAL SQUARE** NEW YORK, NY 10001 BILL TO SHIP TO INVOICE # 1008 Avis Budget Group Avis Budget Group INVOICE DATE 10/25/2022 John Doe 6 Sylvan Way PO #: 99101202 Parsippany, NJ 07054 E-mail: John.Doe@avisbudget.com

## Invoice Total

## \$11.00

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
1	TEST Invoice	10.00	10.00
	Tax		1.00

**Invoice must** 

have PO#, name and email address of ABG employee