



Accounts Payable
1 Cyclotron Road - MS: 90JR106
Berkeley, CA 94720
(510) 486-6954

Helpful Hints for Vendors

How to Submit Invoices

All invoices **should be emailed to apinvoice@lbl.gov**. Please make sure your company's name appears in the subject line of the email. **If you email us your invoice, please do not mail or fax us a hard copy**. Vendors that are unable to email their invoices should mail them to the following billing address:

Lawrence Berkeley National Laboratory
Accounts Payable Department
1 Cyclotron Road - MS 90J0106
Berkeley, CA 94720

Required Purchase Order Information on Invoice

Note our purchase order/subcontract number on your invoice. LBNL's Purchase order numbers are 7 digits long, contain only numerical characters and are preceded by a 6. Invoices without a purchase order number will be returned to you.

Invoice Payment Terms

Invoices are paid based on the terms of the subcontract from the date of receipt of the invoice in our office.

LBNL Tax Status

LBNL is tax exempt. A copy of our Resale Certificate is available on line at <http://www.lbl.gov/Workplace/CFO/co/ap/>.

Electronic Payments – The fastest way to receive your payment. Sign up today!

We offer payments by ACH (for domestic vendors only) and wire transfer (foreign vendors only) as an alternative to paper checks. Please fill out the enclosed form and return it to vendordesk@lbl.gov or dial 510-486-6954 to request the form.

All payment inquiries should be directed to vendordesk@lbl.gov or 510-486-6954. Should you have any questions concerning our accounts payable process or any other payables-related questions, please do not hesitate to contact our vendor desk.

Please return this completed form to the Accounts Payable Desk at Mailstop 90J. For questions call 510-486-6954 or ext. 6954.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (VIA ACH)

This form contains Personally Identifiable Information (PII) when filled out. Do not store this filled-out form on your computer. Do not email or transmit via internet. Fax and traditional mail may be used. Store the completed form in a safe place and destroy if possible.

Step 1. Provide Payee Information

Individual Name (Last, First, MI) or Company Name: _____

Employee ID (If Applicable): _____

Physical Street Address: _____

City

State

Zip Code

Enroll Cancel Change

Step 2. Provide Financial Institution (Bank) Information

Name of Financial Institution: _____

Address of Financial Institution: _____

City

State

Zip Code

Type of Account: Checking Savings

Bank Routing Number (RTN) (9 digits):

Account Number (maximum 10 digits – include leading zeros – do NOT include check number):

Financial institution routing and account numbers can be identified at the bottom of your checks:

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Your Bank Name
Bank City, State

Memo _____

"123456789"

9 digit routing number

1000123456"

10 digit account number

1234

Check number

Step 3. ACH Authorization

I (we) hereby authorize University of California, Lawrence Berkeley National Laboratory, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (our) bank account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of electronic transactions to my (our) account must comply with the provisions of U.S. law.

Vendor Representative/Employee Signature

Please Print Name

Date

Telephone Number

Email address for payment notification