TO: Office of Accounts Payable

FROM: ____________________________

DATE: ____________________________

RE: Duplicate Invoice Certification

Please have Authorized Department Head sign the following statement:

“I certify that the original invoice covering these items cannot be submitted for payment because it has been ____________________________ and, for that reason, it is necessary to submit this duplicate invoice. I further certify that these items and this charge are proper and just, have not been paid before and that every precaution has been taken to prevent the original invoice from being presented for payment if found at a later date.”

______________________________  _______________
Authorized Department Head       Date