STATE OF CALIFORNIA INVOICE REJECTION NOTIFICATION DGS OFS 2000 (New 12/2017)

INVOICE CONTACT INFORMATION

VENDOR NAME		INVOICE REJECT DATE		
INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	PO/CONTRACT NUMBER	
INVOICE REJECTE	D REASON			
PO is not dispatched		Dispatched PO with incorrect information		
Insufficient fund or funds not encumbered		☐ Missing Bill of Lading (freight over \$50)		
☐ Missing OFS-6, OHR-1090, OFS-5, etc.		\Box Unable to confirm goods delivered or services received		
Other				
COMMENTS				

PROGRAM CONTACT INFORMATION

OFFICE NAME	CONTACT NAME	WORK EMAIL	WORK PHONE

ACCOUNTING CONTACT INFORMATION

CONTACT NAME	WORK TITLE		
WORK EMAIL	WORK PHONE FOR PROGRAM USE ONLY		
HOW TO RESUBMIT INVOICES			
The following information must be included before resubmitting the invoice to Program Support	DATE RESUBMIT	RESOLVED BY	
 Accounting Section (PSAS) for processing: Invoice Reject Notification Form Invoice to be processed Approval to pay email or stamp with initial/signature on the invoice Back up for any rejected reason listed above 	RESOLUTION		
Email a complete invoice packet to the accounting contact printed on this form.			