TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

JUSTIFICATION FOR LATE INVOICES FORM

HSC OP 72.10, Invoice Processing and the Prompt Payment Law, Attachment A

Vendor Name: ____

Vendor Invoice Number: _____________________________________

Vendor Invoice Date: _______________________________________

Date Invoice Received By Department: _________________________

Date Product or Service Received From Vendor: __________________

Late interest will automatically be charged from the later of the day the goods or services were provided or the date the invoice was received but no later than 10 days from the invoice date unless sufficient justification can be provided. Dating the invoice received to avoid paying late interest is falsifying a State document and a violation of State law.

Was the delay caused by a dispute or a question to the vendor?
Yes or No

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If yes, please explain the nature of the dispute, the date the dispute was resolved, the name and phone number for the vendor contact that was assisting with the dispute and any other pertinent information that may be needed to document the refusal of late payment charges

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Provide any additional information that may be applied to the decision regarding the applicability of assessing late payment penalties

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Typed name of employee completing this justification ______________________________

Signature ____

Date ____