

UNIVERSITY OF RHODE ISLAND  
OFFICE MEMORANDUM

**TO:**

**DATE:**

**FROM:** ACCOUNTING OFFICE  
ROOM 102  
UNIVERSITY OF RHODE ISLAND  
ADMINISTRATION BUILDING  
KINGSTON, R.I. 02881

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.”

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Authorized Department Head

Date