

# Accounts Payable Journal Cover Form

**Fiscal Year:** \_\_\_\_\_

**Agency Number:** \_\_\_\_\_

**Submitted by: (Name)** \_\_\_\_\_

**General Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Net Total:** \_\_\_\_\_

**Date Received at**

**Accounts & Control:** \_\_\_\_\_

THIS FORM MUST ACCOMPANY YOUR ACCOUNTS PAYABLE EXCEL SPREADSHEET.

PLEASE SUBMIT FORM AND SPREADSHEET TO: **[Yearend.Payables@doa.ri.gov](mailto:Yearend.Payables@doa.ri.gov)**