



UNIVERSITY  
OF MANITOBA

## EPIC NON-PO INVOICE COVER SHEET

Please complete and submit a hard copy of this form attached to the original invoice after entering and scanning the invoice into EPIC as a Non-PO Invoice.

The original invoice must be submitted with this form.

Only one supplier invoice per form can be accepted.

**Questions?** Contact your [Business Unit Support Contact](#) in Supplier Payment Services

**Supplier Name:** \_\_\_\_\_

**Current Date:** \_\_\_\_\_

**EPIC Invoice ID:** \_\_\_\_\_

**Requesters Name:** \_\_\_\_\_

**Requesters Phone #:** \_\_\_\_\_

**Requesters Email:** \_\_\_\_\_

**Department:** \_\_\_\_\_

\*Please complete all information above and submit this form with the original invoice to:

Supplier Payment Services  
410 Administration Building  
Fort Garry Campus