



**Office of the Controller  
Accounts Payable  
AP Uploads Job Aid**

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## I. Objectives

This reference provides a clear explanation of the different components of the AP Upload process. It outlines how to correctly enter the necessary information for accurate and efficient processing of payments and refunds.

## II. Regular Payment Template

Use the [regular payment worksheet \[xlsx\]](#) for payments that have a supplier ID and either an invoice number or date of service, such as:

- Participants
- Stipends
- Services Rendered (Preceptors, Mentors, etc.)
- Over 10 invoices to the same Supplier

Enter the following information for the first payment in row 6. Each invoice should then receive its own line. For assistance with chartfield values, consult the [Looking Up Chartfield Values Job Aid](#) to identify the correct codes. Make sure the formatting matches that on line 3.

- Supplier Name
- Supplier ID: The Supplier ID is **ten digits** long.
- Invoice Number
- Date: This must be entered in the **YYYY-MM-DD** format.
- Amount
- Operating Unit
- Department
- Fund
- Class Field
- Account: This is formerly the Object Code.

1	University of South Carolina									
2	SPREADSHEET FOR APUPLOADS									
3	Text Formatting		Custom Formatting			General Formatting			Text Formatting	
4	10 DIGITS		YYYY-MM-DD							
5	Supplier Name	Supplier ID	Invoice Number	Date	Amount	Operating Unit	Department	Fund	Class Field	Account (Former Object Code)
6	Example Supplier	123456789	November-2024	2024-11-20	50 CL038	150004	A0001	101	54531	
7										

Enter the Project Business Unit, Project, Activity, and Cost Share if applicable.

1											
2	Email when complete to: APUPLOAD@mailbox.sc.edu										
3											
4	YYYY-MM-DD										
5	Date	Amount	Operating Unit	Department	Fund	Class Field	Account (Former Object Code)	Project Business Unit	Project	Activity	Cost Share
6	2024-11-20	50 CL038	150004	A0001	101	54531					
7											
8											

Please attach the worksheet, [AP approval form \[pdf\]](#), memo and any supporting documentation with an email request to [apupload@mailbox.sc.edu](mailto:apupload@mailbox.sc.edu).

### III. Single Payment Template

Use the [single pay worksheet \[xlsx\]](#) for one time payments to ten or more individuals where no supplier ID is needed, such as:

- Refunds to companies: Use the [single refund form \[pdf\]](#) for one time payments for one to nine individuals.
- Individuals for a one-time payment

Enter the following information for the payment in row 6. For assistance with chartfield values, consult the [Looking Up Chartfield Values Job Aid](#) to identify the correct codes. Make sure the formatting matches that on line 3.

- Supplier Name
- Supplier Address: This is the Street Address for the supplier.
- City
- SC: This is the state of the supplier.
- Zip Code
- Invoice Number
- Date: This must be entered in the **YYYY-MM-DD** format.
- Amount
- Operating Unit
- Department
- Fund
- Class Field
- Account Code: This is formerly the Object Code.

1	University of South Carolina												
2	SPREADSHEET FOR APUPLOADS												
3	Text Formatting												
4	Custom Formatting   General Formatting   Text Formatting												
5	Supplier Name	Supplier Address	City	SC	Zip Code	Invoice Number	Date	Amount	Operating Unit	Department	Fund	Class Field	Account (Former Object Code)
6	Example Supplier	123 Street Name	Columbia	SC	29201	1234567890	2024-11-20	100	CL038	150004	A0001	101	54332
7													
8													
9													

Enter the Project Business Unit, Project, Activity, and Cost Share if applicable.

1	University of South Carolina												
2	SPREADSHEET FOR APUPLOADS												
3	Text Formatting												
4	Custom Formatting   General Formatting   Text Formatting												
5	Date	Amount	Operating Unit	Department	Fund	Class Field	Account (Former Object Code)	Project Business Unit	Project	Activity	Cost Share		
6	2024-11-20	100	CL038	150004	A0001	101	54332						
7													
8													

Please attach the worksheet, [AP approval form \[pdf\]](#), memo and any supporting documentation with an email request to [apupload@mailbox.sc.edu](mailto:apupload@mailbox.sc.edu).

## IV. AP Upload Approval Form

The AP Upload Approval Form must be completed and submitted with the proper documentation and spreadsheet to [apupload@mailbox.sc.edu](mailto:apupload@mailbox.sc.edu)

- The **Name of the AP Upload** should be related to that of the contents in the upload. The name should clearly indicate what the upload relates to, helping those who review or process the file understand its purpose quickly. For example, an upload of invoices from one company should be named Example Company AP Upload.
- The **Date of the AP Upload** should be the date on which the AP upload is being submitted for processing
- The **Person Submitting AP Upload** should be the name of the employee submitting the Upload.
- The **USC Department/Campus** should be the operating unit and/or department name/number at USC that is requesting the AP upload, which should also match what is on the spreadsheet.
- The **Number of Payments** should be the total number of individual payments being included in this AP upload. This is a count of how many separate transactions are being processed in one batch or file. This is important to check the correct number of lines that are completed in the spreadsheet.
- The **Total Amount** should be the total dollar amount for all the payments included in the AP upload. This is the sum of the individual payment amounts listed in the file. It should match the sum of the payments specified within the AP upload file itself.
- The **Payment Handling** is the method or type of processing for the payments in this upload. This field clarifies how the payments are being handled and could indicate options like:
  - Check: If the payment is done through check, please provide a contact name and email to reach out once the check is ready.
  - ACH Payment
  - According to Supplier Profile
- The AP Upload must be **approved by a department approver (Director, Dean, AVP, Provost, etc.)**. The Departmental Approver cannot be the same person that is submitting the AP Upload. It must be a separate approver on this form.

## V. Refunds

Refunds to companies or individuals for a one-time payment. Use the [single refund form \[pdf\]](#) for one time payments for one to nine individuals.

\*This process is not applicable for employees or student employees.

- The **Legal Name** should be the legal name of the individual or entity to whom the refund is being issued. This could be the name of a vendor, a company, or an individual who has made a payment to the university and is now receiving a refund. Ensure the name matches the one on the original payment or contract.
- The **Supplier ID (If Available)** should be If the vendor has been previously registered in the system, this field should contain their ID. If it's not available, it can be left blank or marked as "N/A."
- The **Mailing Address Line 1** should be the first line of the address where the refund check should be mailed.
- The **Mailing Address Line 2** should be the second line of the mailing address, if needed.
- The **City, State, & Postal Code** should be the city, state, and zip code of the refund recipient's mailing address.
- The **Amount** should be the total amount of the refund being requested. This should be the exact amount that is to be refunded to the individual or organization.
- The **Description of Payment** should be A brief explanation of the reason for the refund. This should describe the transaction that led to the refund. For example, "Overpayment on Invoice #12345," "Refund for canceled event," or "Overpayment of tuition fees." The description provides context for the refund.
- The **USC Chartfields** should be the chartfield string associated with the original payment or the account that should be credited with the refund.
- The **For Grants or Projects section** should be used if the refund relates to a specific grant or project, this field should include the grant or project number. This ensures that the refund is properly allocated to the correct grant or project ledger. If the refund is not related to a grant or project, this field may be left blank or marked as "N/A."
- The **Department Contact (Name, Email, Phone)** should be the contact details of the person within the department who is responsible for or can provide further information about the refund request.

Attach the [single pay worksheet \[xlsx\]](#) worksheet, [single refund form \[pdf\]](#), and supporting documentation with an email request to [apupload@mailbox.sc.edu](mailto:apupload@mailbox.sc.edu).

## VI. Documentation and Submission Email

Please refer to the [Payment Request Matrix](#) which outlines necessary documentation for payment types in the **Attachments Needed** column.

The invoices should be in **one file**. The invoices should also be in the same order as they are entered on the spreadsheet template.

To submit an AP Upload, email [apupload@mailbox.sc.edu](mailto:apupload@mailbox.sc.edu) with all documentation needed, the AP Upload Approval Form, and the AP Upload Template Spreadsheet.

To Bcc

① UPLOAD, AP ×

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Cc

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Example AP Upload Draft saved at 10:52 AM

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Example AP Upload Template.xlsx  
19 KB

Example AP Upload Approval For...  
153 KB

Example Invoice AP Upload.pdf  
275 KB

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Please process the attached upload for payment.

Thank you!

Example Employee

UNIVERSITY OF  
**South Carolina**