



## AP Upload Approval Form

Name of AP Upload: \_\_\_\_\_

Date of the AP Upload: \_\_\_\_\_

Person Submitting AP Upload: \_\_\_\_\_

USC Department/Campus: \_\_\_\_\_

Number of Payments: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Payment Handling: \_\_\_\_\_

### AP Upload Approval:

Department Contact (Name, Email, Phone):

\_\_\_\_\_

Department Approval and Date:

\_\_\_\_\_

*Please remit the AP Upload Approval Form along with the AP Upload spreadsheet and other documentation to Controller's Office: Accounts Payable for processing by email to [APUpload@mailbox.sc.edu](mailto:APUpload@mailbox.sc.edu).*