THE CLOROX COMPANY

The Clorox Company – Payment Request (Revised 6/1/2017)

For ALL users, the vendor (payee) must exist in the ERP selected below prior to submittal of this form.

VENDOR NUMBER	1019796
	(max 16 digits/characters)

VENDOR NAME & PAYMENT ADDRESS

ADP PAYROLL DEPOSIT

400 Covina Blvd
San Dimas, CA 91773

INVOICE NUMBER: Daily Payroll Tax Fund 070519

INVOICE DATE: 070519

GROSS AMOUNT: $78,692.36

TAX AMOUNT:

INVOICE LINE TEXT:
(Text Printed on Check)

SPECIAL HANDLING INSTRUCTIONS

INDIVIDUAL PAYMENT ☐ | ATTACHMENTS ☐ | CHECK COMMENTS ☐ | RETURN TO PLANT ☐

Effective 8/1/17, you must select one of the following ERPs

Clorox / SAP ✔ | Renew Life / NetSuite ☐ | **Splitting charges between systems is NOT allowed**

G/L AMOUNT	DESCRIPTION	G/L ACCOUNT	COMPANY	COST CENTER	PROFIT CENTER	INTERNAL ORDER
1.	See Attached Spreadsheet					
2.						
3.						
4.						

REASON FOR EXPENSE: Daily Payroll Tax Funding V15

If expedited payment is requested, please indicate the business rationale:

FREE FORM COMMENTS:

PREPARED/ CONFIRMED BY: Colette Roll

NOTE: This form will be routed via IDMS for confirmation & approval.

DATE: 07/05/19

Requirements

- Complete the payment request form and submit with supporting documents to the appropriate ERP mailbox noted below:
  - Clorox/SAP – **P2P-AP2@clorox.com**.
  - RenewLife/NetSuite – **P2P-NS2@clorox.com**
- iDMS access is required to confirm this payment request. If you don't have access to iDMS, please submit a SMART request for an iDMS Confirmer role.
- If there are more than four (4) line items please submit an upload using the upload template and instructions on the P2P website.

All payment requests will be routed through IDMS for approval. Once you confirm the payment request in iDMS, please route the payment request to the approver.

Payment Request Instructions	
√	**Vendor's Name & Payment Address** – enter the vendor name, vendor contact name, and payment address that will be receiving the payment.
√	**Invoice Number** – enter the invoice number if you have one. Please leave this field blank if you don't have one, maximum of 16 digits/characters
√	**Invoice Date** – enter the date of when you are making the payment (future dates are not allowed).
√	**Gross Amount –** enter the total payment amount.
√	**Invoice Line Text** – enter a short note that will be printed on the check for your vendor contact to identify the purpose of the payment.
√	**Special Handling Instructions** – select 'Return to Plant' if the check needs to be returned to you for additional form attachments.
√	**G/L Amount** – enter the payment amount for GL line item.
√	**Description –** Describe line item charge.
√	**G/L Account** – enter GL Account for that line item. Please communicate with your group's Finance/Budget contact for assistance with GL Account Coding
√	**Company** – enter the company code.
√	**Cost Center/Profit Center** – enter either the cost Center or profit center, whichever applies.
√	**Internal Order –** enter Internal Order # if required
√	**Reason for Expense** – enter the reason for the expense.
√	**Prepared/Confirmed By** – enter your name for iDMS messaging queue routing.
√	**Date** – enter the date of when the payment request is prepared.