



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.