

# Alcon Invoice Requirements



## Invoice Submission addresses:

### ***Alcon Vision, LLC***

[APU339.unitedstates@alcon.com](mailto:APU339.unitedstates@alcon.com)

PO Box 990

Hartford, CT 06143-0990

### ***Alcon Research, LLC***

[APU341.unitedstates@alcon.com](mailto:APU341.unitedstates@alcon.com)

PO Box 240

Hartford, CT 06141-0240

**CRITICAL:** These email boxes are automated, used for original invoice submission only. Please send inquiries and other correspondence to

[ap.inquiries@alcon.com](mailto:ap.inquiries@alcon.com) or call (877) 301-8708

## Required Information:

A VALID *Purchase Order #*

- Name of *Alcon Business Partner*
- PO line number and amount allocation
- One invoice per pdf on email submissions
- No more than 20 pdf attachments per email
- No links to other websites (ex. to download invoice)
- Only PDF attachments (approvals, coding and notes in PDF)

## **Recommended:**

- Email invoice directly to submission address
- Copy Alcon contact
- Include the Federal Tax ID number & **banking details**

## **Important:**

- **Ariba** Network enabled vendors should **ONLY** submit through Ariba
- If instructed to submit invoices through **BillingPoint** or other Alcon Service Provider via EDI please continue.
- Contact your *Alcon Business Partner* with any concerns (Legal, Freight, Clinical).

