**Accounts Payable Cut-off schedule**

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| **Operating Month** | **Invoice due to SFA** | **Expected payment date** |
| Aug/Sept | 10/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| October | 11/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| November | 12/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| December | 01/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| January | 02/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| February | 03/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| March | 04/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| April | 05/15/20XX | Payment will be made no earlier than 30 days from receipt of invoice. |
| May | 06/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |
| June | 07/15/20xx | Payment will be made no earlier than 30 days from receipt of invoice. |