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| --- | --- | --- |
| Instructions * ***Note:*** If you require an invoice for ***Research***, use [**SD006** Invoice Requisition](http://forms.uct.ac.za/sd006.doc)
* Refer to the help document, if necessary; see [How to complete an Invoice Requisition](http://forms.uct.ac.za/sd001hlp.doc).
* **Send the completed form with supporting documents to the Faculty Finance Officer for signature.**
 | Date completed |       |
|  | Special instructions / notes |       |
|  | ***NB:*** Attach the following supporting documents | **[ ]** Contract /Agreement | **[ ]** Proof of delivery  |
|  |  | **[ ]** Letter of liability | **[ ]** SalesOrder number |
|  |
| Customer details  | **Customer No** |       | Is this a new customer? | **[ ]  No**  | **[ ]  Yes** | If Yes, complete [SD004](http://forms.uct.ac.za/sd004.doc) |
| (Complete either **Individual** or **Company** details below) | Purchase Order / Customer Reference |       | Department Requisition No. |       |
| **[ ]  Individual** | Individual Title |       | First name |       | Surname |       |
| **[ ]  Company** | Company Name |       | VAT Registration No. |       |
| Telephone No. |       | Mobile No. |       | Fax No. |       | Email Address |       |
| Street address |       | Postal address |       |
|  | City |       | Postal code |       |  | City |       | Postal code |       |
| Customer contact for payment / queries |       | Telephone No. |       | Email Address |       |
|  |
| Invoice details *Note:* Please ensure this section is *fully complete* with correct funds, cost centre, GLs, currency, amounts, VAT % and calculations |
| **Fund** | **Cost Centre / Real Internal Order** | **GL Acc** | **Qty** | **Detailed description of invoice item text supplied** | **Currency** | **Unit Price****(VAT Excl)** | **Total Amount (VAT Excl.)** | **VAT****%** | **VAT Amount** | **Total Amount (VAT Incl.)** |
|       |       |      |      |       |      |       |       |       |       |       |
|       |       |      |      |       |      |       |       |       |       |       |
|       |       |      |      |       |      |       |       |       |       |       |
|       |       |      |      |       |      |       |       |       |       |       |
|       |       |      |      |       |      |       |       |       |       |       |
|       |       |      |      |       |      |       |       |       |       |       |
|  | **TOTALS** |       |  |  |  |
|  |
| **Fund holder** ***Agreement:*** I, the ***authorised*** undersigned, confirm that this document is correct, fully complete, all supporting documentation have been checked and all deliverables have been met |
| Faculty |  | Department |  | Unit |  |
| Full name of fund holder (Print) |  | Signature of fund holder (add full name with signature, if on behalf of) |  | Date |  |
| Dept. contact for invoice/queries |  | Dept. contact telephone no |  | Email |  |
|  |
| Faculty/Dept Finance *Agreement:* I, the *authorised* undersigned, confirm that this document is correct, fully complete, all supporting documentation have been checked and all deliverables have been met |
|  Full name (Print) |       | Authorised Signature |  | Date |       |
|  |
| **OfficeUse** | Sales Order No. |       | Delivery Note No. |       | Invoice No. |       | Receipt No. |       |
|  | Processed by |       | Processed by |       | Processed by |       | Processed by |       |
|  | Date |       | Date |       | Date |       | Date |       |