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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.)** | | |
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| **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 | |  | | | | | | | |
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| 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 | |  | | | | | | | |
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| **Office Use** | | Sales Order No. | | |  | | | | | | | | Delivery Note No. | | |  | | Invoice No. | | |  | | | | | Receipt No. | |  | | | | | | | |
|  | | Processed by | | |  | | | | | | | | Processed by | | |  | | Processed by | | |  | | | | | Processed by | |  | | | | | | | |
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