|  |  |  |
| --- | --- | --- |
| Instructions **DD/MM/YYYY*** ***Note:*** If payment received and you require an invoice for ***Research***, use [SD007 Receipt Requisition](https://forms.uct.ac.za/sd007.docx)
* 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/Dept Finance for signature**.
 | Date completed |       |
|  | Special instructions/notes |       |
|  | Payment date (Attach proof and supporting docs) |  | **Amount** |  |
|  |
| Customer details | **Customer No** |       | Is this paying / clearing an invoice? | [ ]  No  | [ ]  Yes | If Yes, provideInvoice No.  |       |
| (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 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 |       |
|  |
| **Office Use** | Sales Order No. |       | Delivery Note No. |       | Invoice No. |       | Receipt No. |       |
|  | Processed by |       | Processed by |       | Processed by |       | Processed by |       |
|  | Date |       | Date |       | Date |       | Date |       |