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| Instructions   * ***Note:*** If, a ***Commercial/Ad hoc*** Invoice is required, use [SD001 Invoice Requisition](https://forms.uct.ac.za/sd001.docx). * Refer to the help document, if necessary; see [How to complete an Invoice Requisition](https://forms.uct.ac.za/sd001hlp.doc). * **Send the completed form with supporting documents to your Faculty Finance Office for signature**. | | | | | | | | | | | | | | | | | | | | Date completed | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | Special instructions / notes | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | ***NB:*** Attach the following supporting documents | | | | Contract Info. Sheet/ IRMA printout | | | | | | | Proof of delivery | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | Letter of liability | | | | | | | Sales Order number | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer details | | | | | | | | | | | **Customer No** | | | | | |  | | | Is this a new customer? | | | | **No** | | | **Yes** | | | If **Yes**, complete [**SD004**](https://forms.uct.ac.za/sd004.docx) | | | | |
| (Complete either Individual or Company details below) | | | | | | | | | | | Purchase Order / Customer Reference | | | | | |  | | | Department Requisition No. | | | |  | | | | IRMA 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 and VAT %, ICRR % and GSCRR %) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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**  **%** | | | **ICRR**  **%** | | **GSCRR**  **%** |
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| **Fund holder *Agreement:*** I confirm that this document is correct, fully complete, and all supporting documentation has been checked and all deliverables have been met. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty | | | | | |  | | | | | | | | | | Department | | | |  | | | | | Unit | | | |  | | | | | |
| Full name of fund holder (Print) | | | | | |  | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S&C | | | CT | | RC | | | | RG | | | | RM | | | Confirm all supporting information listed above is **attached** | | | | | | | | | **No  Yes** | | | | | | | | | |
| 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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