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| Instructions  **DD/MM/YYYY**   * ***Note:*** If payment received ***and require an***invoice for ***Commercial/Ad hoc***, use [SD002 Requisition](https://forms.uct.ac.za/sd002.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 the Faculty Finance Office for signature**. | | | | | | | | | | | | | | | | | | | Date completed | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Special instructions / notes | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Payment date | | | | | |  | | | **Amount** | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | ***NB:*** Attach the following supporting documents | | | | | | Proof of payment | | | | | Agreement / Contract | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | Supporting documents / Correspondence | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer details | | | | | | | | | | **Customer No** | | | |  | | | | | Purchase Order | | | | | |  | | | SAP Sales Order No. | | | | |  | | |
| (Complete either Individual or Company details below) | | | | | | | | | | Is this paying / clearing an invoice? | | | | **No** | | | **Yes** | | If Yes, provide | | | | | | **Invoice 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 | | | | | |  | | | | |
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| Invoice details *Note:* Please ensure this section is *fully complete* with correct funds, cost centre, GLs, currency, amounts, 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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