APPLICATION: DEBTORS TRANSACTION / DOCUMENTS

ONLY FOR USE AS AN	I INTERNAL UP DOCUMENT	JAC III		10	0				AN PRE		
	DEPARTMENT OF FINANCE: DEBTORS ADMINISTRATION Room 3-48, Administration Building, Main Campus Tel: 012 420 3101 / 5234 debtors@up.ac.za										
TV	PE OF TRANSACTION					1 : 012 42	20 3101 /	5234 c	lebtors@	up.ac.za	
Invoice	Credit Note]	<u> </u>			Invoice (Quotation	า)			
DETAIL O	F CLIENT / INSTITU	TION LIAE	BLE FOR	PAYN	IENT						
Full Name of Company / Customer / Debtor :				Yes No							
If yes - only supply UP number of Cu If not used previously or information		oply the fol	lowing co	mpulsa	ary info	ormatio	on :				
Vat No :					Not R	legiste	red for	VAT			
E-Mail Adress :				Tel No:							
Postal Adress :											
	Postal Code:										
CUSTOMER	CONTACT PERSON	FOR THIS	TRANS	ACTIO	N/DO	CUME	NT				
Name :											
E-mail address :				Capac	ity :						
Address (If different from above) :				· · · · · · · · · · · · · · · · · · · ·							
				Postal							
ORDER/CONTRACT NUMBER				DATE							
			2	0	Y	Υ	М	М	D	D	
DETAILS OF GOODS OR REASON	/ SERVICES RENDE N FOR CREDIT NOTE							OICE)			
UP CONTACT PER	SON SON	NIANAE									
Tel no :		NAME:									
	<u>AMOUN</u>	T OF INV									
Exclusive R	Exclusive R										
	the reason for exclusion of VAT, must accompany this										
Inclusive Amount R	·····-				appli	cation					
COST CENTRE & ACCOUNT APPLICABLE					/	0	3				
Completed documents must be handle	d as follow :									•	
	APPLICATIO	ON PREPA	ARED BY	7							
Name :	<u>-</u>			Tel No	.:						
Faculty/Department:			Buildi	ng :							
Room Number :				•							
AUTHORISATION Applications E-mailed mu	(According to UP police st be sent by the per					tion					
The undersigned hereby confirms th							ered.				
Name :											

Capacity:....

Signature :....(Not for E-Mailed applications)