## INVOICE REQUEST FORM ONLY FOR USE AS AN INTERNAL UP DOCUMENT

Please complete electronically and submit to debtors@up.ac.za



DEPARTMENT OF FINANCE : DEBTORS ADMINISTRATION

Room 3-18, Administration Building, Main Campus Tel : 012 420 3101 / 5234 debtors@up.ac.za

TYPE OF TRANSAC	CTION/DOCUMENT REQUESTED							
Cash Tax Invoice Tax Invoice	Non -Tax Invoice Quotation							
CUSTOMER DETAILS								
Full Name of Company / Customer / Debtor :								
Was a document previously issued to this Customer : Yes No								
If Yes, Please supply customer debtors number								
If No, please supply the following customer information	If No, please supply the following customer information:							
Vat No:	Not Registered for Vat:							
E-Mail Address :	Tel No:							
Postal Address :								
	Postal Code:							
CUSTOM	IER CONTACT PERSON							
Name:								
E-mail address :								
ORDER/CONTRACT NUMBER	2 0 Y Y M M D D							
_	2 0 Y Y M M D D							
DETAILS / DESCRIPTION	N OF GOODS / SERVICES RENDERED							
INVOICE A	AMOUNT							
Exclusive R	NB: If the invoice is not subject to VAT, a copy of the contract /							
VAT R	agreement or any other documentation stipulating the reason for exclusion of VAT, must accompany this application							
Inclusive Amount R	ioi exclusion of var, must decompany this application							
Cost centre involved:								
Account number:								
	<u> </u>							
	CONTACT PERSON							
Name of Requestor:	Tel No.:							
Faculty/Department:  E Mail :								
Authorised by:	Office No Capacity:							
	<del></del>							
NB: THE INVOICE WILL BE SENT VIA EMAIL TO THE REQUESTOR IN PDF FORMAT - PLEASE FORWARD INVOICE TO THE CLIENT								
APPROVAL BY FACULTY ACCOUNTANT								
Name of Faculty Accountant:								
Signature: Date:								
NB: THE REQUEST MUST BE APPROVED BY THE FACULTY ACCOUNTANT PRIOR TO FORWARDING TO DEBTORS								
FOR DEBTORS USE ONLY								
Invoice E-mailed Date E-mailed	Invoice No.							
Date L-maned								