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| Instructions   * **Note:** If you require an invoice for ***Research***, use [SD006](https://forms.uct.ac.za/sd006.docx). * Send the completed form with supporting documents to the Faculty/ Area Finance Officer. | | | **Send invoice to** | | Department | | Customer via post | Customer via e-mail | |
| **Special** **instructions** | |  | | | | |
| **Date completed** | |  | Dept. requisition number | | |  |
| **NB: Attach the following supporting documents:** | **Rental Agreement** | **Letter of liability** | | **Proof of Delivery** | | **Customer order number** | | |  |

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| Customer details | | | | | Is this a new customer? | No | Yes | If *Yes*, complete [SD004](https://forms.uct.ac.za/sd004.docx) and attach it to this form. | | |
| **Company Name** |  | | | | **Or Individual’s Name & Title** |  | | | | |
| **Customer No.** |  | | | | **VAT Reg. No.** |  | | | | |
| **Contact Person & Phone no** |  | | | | **E-mail Address** |  | | | | |
| **Street Address** |  | | | | **Postal Address** |  | | | | |
| **City** |  | **Post Code** |  | **City** |  | | **Post Code** |  |

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| **Billing dates** | | | | | | | | | | Year applicable |  | | |
| **Select the month/s for which a rental/lease invoice must be raised.** **Note:** Attach PDF contractual agreement and supporting documentation to SD010 | | | | | | | | | | | | | |
|  | 1st January |  | 1st February |  | 1st March |  | 1st April |  | 1st May | | |  | 1st June |
|  | 1st July |  | 1st August |  | 1st September |  | 1st October |  | 1st November | | |  | 1st December |
| Comments and notes: | |  | | | | | | | | | | | |

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| **Invoice details** **Note:** For SAP purposes only, all unit prices entered below must exclude VAT (but prices quoted to customers should include VAT) | | | | | | | | | | | | |
| **Fund** | **Cost Centre /  Real Internal Order** | | **GL** | **Qty** | **Detailed description (34 character including spaces)** | | **Currency** | **Unit Price**  **(VAT Excl)** | **Total Amount (VAT Excl.)** | **VATable (Y/N)** | | **Discount %  amount (if applic.)** |
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|  | |  |  |  | |  | **TOTAL (excl. VAT)** | |  |  |  | |

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| **Fund Holder (or nominee)** | | I, the undersigned, confirm that this invoice requisition and all its supporting documentation is valid and attached | | | | |
| **Full name** |  | | **Signature** |  | **Date** |  |
| **Telephone** |  | | **E-mail** |  | **Department** |  |

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| Faculty or Area Finance Officer | | I, the undersigned, confirm that this invoice requisition and support complies with UCT’s financial regulations | | | **For office use only** | | |
| **Signature** |  | | **Date** |  | **Sales Order Number** |  |
| **Full Name** |  | | | | **Invoice Number** |  |