|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |       |

|  |  |  |
| --- | --- | --- |
| **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: |       |

|  |
| --- |
| **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.)** |
|       |       |      |       |       |       |       |       |       |       |
|       |       |      |       |       |       |       |       |       |       |
|       |       |      |       |       |       |       |       |       |       |
|  |  |  |  |  | **TOTAL (excl. VAT)** |       |  |  |

|  |  |
| --- | --- |
| **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** |  |

|  |  |  |
| --- | --- | --- |
| 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** |  |