



Request for Invoice

Email: accounts.receivable@flinders.edu.au

Phone: 8201 5450

Fax: 8201 3685

1. Complete form using **Income** account numbers only
2. Attach supporting docs and indicate if they are to be sent with invoice
3. **Email address of debtor must be included on all requests**
4. **Email request to College Finance or Portfolio Finance for review Please check with the Revenue Team to confirm invoice has been paid. Income on G/L does not mean invoice payment.**

Name of Requestor: _____ Date: _____

College/Portfolio: _____ Work ph: _____

Email: _____

PLEASE INVOICE

Debtor's Name: _____ Debtor No. (if known): _____

Address: _____

ABN: _____

Email Address of Debtor: _____ Purchase Order No.: _____

Contact Name: _____ Phone: _____

INVOICE DETAILS:

**NOTE: INSERT TAX CODE REQUIRED - click [this link](#) for more information
PLEASE ENTER AMOUNT AS EITHER EXCLUSIVE OR INCLUSIVE OF GST**

TAX CODE:	C = GST	E = EXPORT	F = GST FREE	NA = NOT APPLICABLE	
Description	Income Account Number *Please make sure project is active and using correct cost centre (Entity/Cost Centre/Project/Account)		Tax code	Amount EXCLUSIVE OF GST	Amount INCLUSIVE OF GST
	___/___/___/0___				
	___/___/___/0___				
	___/___/___/0___				
GRAND TOTAL (TO APPEAR ON INVOICE)				\$	

NOT CODED GST – Please provide reason:

Additional information to appear on Invoice (if applicable):

I certify that the University is entitled to raise an invoice in accordance with the above.

Name: _____

Signature: _____ Date: _____

Please highlight that which applies

- * Please email this invoice
- * Please email me a copy
- * Please return invoice to requestor for posting via email
- * Send / do not send attachments

Revenue Team Use Only

Invoice No:

Invoice Date: