



SHIRE OF DONNYBROOK BALINGUP INVOICE REQUEST FORM

DEBTOR DETAILS

Debtor Name:			
Postal Address:			
		Postcode:	
Phone Number:			
Email:			

INVOICE DETAILS

Narration (to appear on invoice)	Invoice Amt Inc GST	GL Income	Charge Code	Is GST Payable
TOTAL (inc GST):				

DECLARATION

Have you a purchase order or other letter of authority from the Debtor? If yes, please attach to this request.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require the invoice returned to accompany correspondence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Information:	
Requester Name:	
Signature:	
Date:	

ACCOUNTS USE ONLY

Total (Exc GST):		Debtor Number:	
Total GST Payable:		Invoice Number:	
Total Invoice (Inc GST):		Batch Number:	
Preparer:		Date:	
Reviewer:		Date:	