**REQUIREMENTS TO RAISE A SALES INVOICE**

**PLEASE COMPLETE THE BELOW DETAILS TO RAISE THE SALES INVOICE.**

NAME OF ORGANISATION/PERSON TO BE INVOICED:

ABN Number:

Customer Number:

CONTACT NAME: EMAIL ADDRESS:

POSTAL ADDRESS:

STREET ADDRESS:

SUBURB: STATE POSTCODE:

TELEPHONE

AMOUNT:

INVOICE DESCRIPTIONS:

APPROVED BY:

COST CENTRE MANAGER COST CENTRE:

**PLEASE NOTE**:

**RELEVANT SUPPORTING DOCUMENTS SHOULD BE SUBMITTED TOGETHER WITH THE COMPLETED FORM.**

**For University of Sydney Invoice please provide a Purchase Order number**