



REQUEST FOR INVOICE/CREDIT ADJUSTMENT FORM

Has this invoice been previously issued? YES NO

**** PLEASE ATTACH SUPPORTING DOCUMENTATION TO THIS FORM ****

CONTACT DETAILS – Company paying the invoice and person to contact, send invoice to			
COMPANY NAME			
CONTACT NAME			
ADDRESS <small>(IF DEAKIN INCLUDE CAMPUS)</small>		POSTCODE	
MOBILE NUMBER		PHONE NUMBER	
EMAIL			

DESCRIPTION – What is written here will appear on the Invoice			
INVOICE DATE	/	/	(FOR WHEN GOODS/SERVICES WERE PROVIDED)

ADDITIONAL DETAILS		
SUPPLIER P.O. NO.		(DEAKIN INVOICES ONLY - MUST HAVE PURCHASE ORDER NUMBER)
EXISTING INVOICE NO.		(FOR BOOKSTORE AND ZEST ONLY)
CLUB MDA/other MDA		(FOR: CLUBS, O'WEEK, EVENTS, UNI SPORT, SHORT COURSES, TRIPS & TOURS)

TOTALS			
INCOME ACCOUNT CODE	-	-	-
TOTAL AMOUNT OF INVOICE	\$	(INCL. GST)	PLEASE TICK <input type="checkbox"/> IF GST FREE
DISCOUNT GIVEN	\$		

AUTHORISATION / SIGNATURES			
REQUESTED BY		AUTHORISED BY (MANAGER)	
Print Name		Print Name	
Signature		Signature	
Date		Date	