



REQUEST TO ISSUE INVOICE FORM F_FIN_104

| | | |
|--|---------|--|
| Request Received from.....District Council | | |
| | | |
| Council Contact | Name | |
| | Phone # | |
| | Email | |
| | | Signature: |
| | | Date: |
| Please Issue Invoice: | | |
| Name | | |
| Address – Line 1 | | |
| Address – Line 2 | | |
| Attention: | | |
| Purchase Order # | | (usually quoted by schools / businesses) |
| Description: | | |
| Contribution to Chaplaincy Programme – 2008 at(Name of School) | | |
| Other Description: (Please specify & attach any supporting documentation) | | |

Amount of Invoice: \$.....

GST to be applied **Yes / No (please circle)**

| | |
|--|------------------------------|
| Invoice to be posted direct to Debtor. | Yes <input type="checkbox"/> |
| Invoice to be returned to District Council for presentation in person. | Yes <input type="checkbox"/> |