|  |  |  |
| --- | --- | --- |
|  |  | **PAYMENT REQUISITION** |

This form is to be forwarded to the relevant College/Finance Team for checking and processing by the Authorising Officer and will be forwarded to Accounts Payable (email: invoices@flinders.edu.au )

**Date**       **Amount**

**Name**

**Postal Address**

**ABN**       **OR** **Student No**

**Email Address**

**Contact No**

 **Description       Basware Ledger**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Entity** | **Cost Centre** | **Project** | **Natural Account** | **GST Code** | **Receipt Amount** |
|       |    |     |       |      |       |       |
|       |    |     |       |      |       |       |
|       |    |     |       |      |       |       |
|       |    |     |       |      |       |       |
|       |    |     |       |      |       |       |
|       |    |     |       |      |       |       |
|       |    |     |       |      |       |       |
|  |  |  |  | **Invoice Total** | **$0.00$ 0.00** |

***EFT payment details***

**Name of Bank**

**Account Name**

**BSB**       **Account Number**

**I certify that the above expenditure details are correct, I have checked supporting documentation and all expenditure was for University business and (where applicable) complies with Grant conditions.**

**I confirm that I have read and understood the Flinders University** [**Privacy Policy**](http://www.flinders.edu.au/ppmanual/governance/privacy-policy.cfm)**, and consent to the collection, processing, and disclosure of my personal information in accordance with that policy.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor Name Requestor Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name Supervisor Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised Delegate Name Delegate Signature**

**(Email authorisation accepted) Last updated 26/10/18**