



REQUEST FOR INVOICE FORM - BURWOOD CLUBS

CLUB NAME:

BILLING DETAILS		Who will be paying the invoice	
COMPANY NAME			
BILLING DETAILS			
CONTACT PERSON			
ADDRESS			
SUBURB			POSTCODE
EMAIL ADDRESS			
MOBILE NUMBER			

What date does your Club require the money in your DUSA Club account by:

INVOICE DETAILS - Please list what this is for (e.g. Faculty Sponsorship for Club Networking Event)
SUPPLIER PURCHASE ORDER No. <small>REQUIRED FOR DEAKIN UNIVERSITY INVOICES ONLY</small>

BURWOOD CAMPUS - CLUBS			ACCOUNT CODE	AMOUNT <small>(EXCL. GST)</small>	GST	TOTAL <small>(INCL. GST)</small>
2	10	210				
2	10	210				
AA CODE			TOTAL AMOUNT OF INVOICE			

AUTHORISATION

CLUB TREASURER/PRESIDENT :

Tick to Approve

Print Name

Date

Club Treasurer/President use only

CLUBS SUPPORT CO-ORDINATOR / DUSA AUTHORISATION:

Signature

Print Name

Date

Clubs Support Co-Ordinator use only