



INTERNAL GIFT SHOP ORDER FORM AND JOURNAL TRANSFER

CONTACT AND PAYMENT DETAILS

| | | | | |
|-------------------------|--|----------------|-------------------------|----------------|
| DEPARTMENT | | | CONTACT NAME | |
| ADDRESS | | | | |
| EMAIL | | | PHONE | |
| RC CODE | | PC CODE | | AC CODE |
| APPROVED BY | | | | |
| APPROVER'S EMAIL | | | APPROVER'S PHONE | |

ORDER

| ITEM NAME | QUANTITY | COST | TOTAL |
|--|----------|------|-------|
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| | | | |
| TOTAL INC GST | | | |
| TOTAL EX GST (AMOUNT TO BE DEBITED) | | | |

EXCHANGE POLICY

Goods can be exchange, but no refunds.

DECLARATION

By submitting this form I declare that I have authorisation to charge the debit amount against the account codes provided and I have read and agree to the Exchange Policy.

Name (please print): _____ Signature: _____ Date: _____