



# PAYMENT REQUEST

Request No:

Administration Use

## Section 1 DETAILS - to be completed by person requesting EFT or TT

Voucher No:

Pay To:

Phone:

Voucher Date:

Vendor Name in Full - (BLOCK Letters)

Address:

Postcode:

Vendor ID:

Address in Full (BLOCK Letters)

ABN:

Please tick one:  EFT (in Australia)  TT (Overseas)

Student/Staff Number:

### Comments or Special Instructions:

[For current students, please update banking details under "My Finance/Your Finances/Bank Details/Supply Bank Details" in Uni Portal for payment processing.](#)

Due Date for Payment:

Please tick relevant items below

- SDO/A Form Submitted for Travel - Copy Attached
- Support Documentation Attached

GST Status must be shown: T for GST Taxable, F for GST-Free, O for Out-of-Scope, IT for Input Taxed

Particulars	AMOUNT (GST inclusive)	GST Status T/F/O/IT	GST	AMOUNT (GST exclusive)	Class	RC	Project	Analysis Code
Key Refund - Receipt Number:		O	\$ -	\$ -	1005	V0101	11111	
		O	\$ -	\$ -	1005	V0101	11111	
		O	\$ -	\$ -	1005	V0101	11111	
		O	\$ -	\$ -	1005	V0101	11111	
		O	\$ -	\$ -				
		O	\$ -	\$ -				
<b>Completed By:</b>	<b>TOTAL</b>		<b>\$ -</b>	<b>\$ -</b>				

Name:   
(BLOCK Letters)

Department:

Building Code:

Phone:

## Section 2 APPROVAL / CERTIFICATION OF PAYMENTS - to be completed in accordance with University policies and procedures

I approve this expenditure in terms of my delegation of authority

Delegated Position (BLOCK Letters)

Phone

Signature

Date

I certify as to satisfactory performance of the service / provision of the goods

Name of Certifying Officer (BLOCK Letters)

Phone

Signature

Date

## Section 3 FBT DECLARATION - ONLY to be completed in cases where FBT is payable by the University on any part of this transaction

The above expenses were incurred by me during the period  to  for the following purpose(s):

Other FBT Expense Payment ONLY

The percentage incurred on University Business was:

FBT Entertainment Expense ONLY

Total number of persons present:  Number of University Staff present:

Name of person claiming payment

Phone

Signature

Date