

UNITINGCARE BALLARAT

PURCHASE ORDER/PAYMENT REQUEST

Office Use Only:	CODE:	
	PAYMENT VIA:	

Request for:	Purchase Order <input type="checkbox"/>	Cheque <input type="checkbox"/>	
OR:	EFT BPAY <input type="checkbox"/>	Cash <input type="checkbox"/>	C/Card <input type="checkbox"/>

Request Date:	
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PAYEE:	
INVOICE DATE:	
INVOICE NUMBER:	
INVOICE AMOUNT	\$
DETAILS:	

ACCOUNTING DETAILS:

Program Code (Eg: 01)	Expense Code	Amount	Office Use Only	
			GST	Non Gst
		\$		
		\$		
		\$		
		\$		

Notes:	
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Requested by:		Program:	
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Authorising Manager (please print)	
Manager Signature:	

Office Use Only:

Purchase Order No:	
Date:	

Payment details:	
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