



Request for Prepayment

AP-A2101

Please complete this form online, print and have the form approved and signed by the person that approved the shopping cart prior to submitting the form to Accounts Payable with a copy of the invoice documentation.

Requestor Details

| | | | |
|-----------------------|--|-------------------------------------|--|
| Company Code*: | | Name of Requesting Officer*: | |
|-----------------------|--|-------------------------------------|--|

Payment Details

| | | | |
|---|--|------------------------------|--|
| Purchase Order No*: | | Vendor / Supplier No: | |
| Invoice / Proforma No*: | | Invoice Date*: | |
| Invoice Amount Excluding GST: | | ABN*: | |
| GST Amount*: | | | |
| Invoice Amount Including GST*: | | | |
| BSB No: | | Bank Account No: | |
| Reason for Prepayment*: | | | |
| Do you need the Cheque returned to you? <i>If yes please enter the address below.</i> | | | |
| Cheque Forward Address: <i>(Only if Required)</i> | | | |

Note: * Indicates mandatory fields .

- Relevant supporting documents for this payment must be attached to this Form.
- Purchase Order must be raised in SAP & must contain a confirmatory note to identify this Prepayment request.
(on DEC intranet) before submitting this payment

Authorisation

Approved by (MO23 Delegation):

Tick box if evidence of approval is attached to this form

| | |
|-----------------------------|--|
| Approver's Name*: | |
| Approver's Position: | |
| Email: | |
| Date*: | |
| Signature*: | |

Scan & save approved form/ supporting documents as a single pdf file and send the file to the following;

For Corporate/ TAFE, email completed form and supporting documents to SSCAP@det.nsw.edu.au;
 For Schools, email completed form and supporting documents to SSCAPSchools@det.nsw.edu.au.