**Date**

**Requestor Name**

**Telephone Number**

**Payment Amount**

|  |
| --- |
|  |
|  |
| **Internal Date Stamp** |

|  |
| --- |
| £ |

|  |  |
| --- | --- |
| **Payee name** |  |
| **Address** |  |
| **Postal Town/City** |  |
| **Postal Code** |  |

**Bank Account Information Required**

|  |  |
| --- | --- |
| **Sort Code (6 digits)** |  |
| **Account Number ( 8 digits)** |  |
| **Roll Number (Building Society)** |  |
| **Account Name** |  |
| **Remittance email address** |  |
| **Contact Telephone Number** |  |

|  |
| --- |
| Invoice Number/Reference (no more than 45 characters) **PLEASE NOTE THIS MUST BE COMPLETED OTHERWISE PAYMENT WILL NOT BE MADE** |
|  |
| Description / details of payment (no more than 230 characters) |
|  |

|  |  |  |
| --- | --- | --- |
|  **Line Amount(s) £** | **p** | **GL Line - Distribution Code(s)** |
| **Tax** |  |  | **01** | **90001** | **9221** | **99030** | **002** |
| **Item** |  |  | 01 |  |  |  |  |
| **Item** |  |  | 01 |  |  |  |  |
| **Item** |  |  | 01 |  |  |  |  |
| **Authorisation** |
|  | **First Approver****Up to £1,000** | **Budget Holder****Up to £30,000** | **Head of Service****EU Threshold** **(see Intranet)** | **Deputy Chief Executive****Up to £1,000,000** |
| SIGN |  |  |  |  |
| PRINT NAME |  |  |  |  |

**PLEASE SIGN AND PRINT YOUR NAME IN THE BOXES ABOVE –** THIS IS TO ENSURE WE COMPLY WITH AUDIT PRACTICES IN THAT ALL SIGNATURES ARE VERIFIED OTHERWISE PAYMENT CANNOT BE GUARANTEED

**FOR FINANCIAL PROCESSING USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Invoice Checked** | **Authorised** | **Voucher Number** |
|  |  |  |