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Supplier Invoice Payment Form

**Please complete this form if you have placed an order with an external supplier. Please ensure that**

**the purchase has been approved by the SU Finance Manager prior to placing the order.**

* **Attach the invoice to this form**
* **Incomplete forms will NOT be processed. USE BLACK PEN ONLY.**
* **This form needs to be signed by 2 committee members**
* **Email the completed form and invoice to:** **bwaseem@sgul.ac.uk**

|  |  |
| --- | --- |
| **Name of club/society** |  |
| **Club/society email address**  |  |
| **Full name of club/society president**(BLOCK CAPITALS) |  |
| **Authorised by: Print name and sign**  |  |
| **Authorised by: Print name and sign** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date****(as invoice)** | **Supplier** | **Description of expenditure** | **Amount (£)** |
|  |  |  |  |
|  |  | **Total expenditure** |  |

**Student Union Finance:** Cost Centre: ………………….. Account Code:………………………… Supplier ID:………………………..

Authorised by:……..………………………………..(print name) ………………………………………………………….(signed)

Date…………………………..