Finance



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| Supplier:  New  Amend Existing  or  Non-Supplier Payee:  New  Amend Existing Section 1 – CDU staff to completeSections 2 & 3 – Supplier or Non-Supplier Payee to completeSection 4 – CDU staff to complete for Non-Supplier Payee payments  * Return completed form to [suppliers@cdu.edu.au](mailto:suppliers@cdu.edu.au) (incomplete forms may cause delays in processing) | | | |
| Section 1: CDU Staff to complete | | | |
| Staff Name:       Department/College:College of Indigenous Futures, Education and the Arts | | | |
| **Details of the goods/services or reason for payment:** | | | |
| Education student placement | | | |
| **How often will you be paying the Supplier:**  Regular/On-going  Select this option **ONLY** if a **single invoice** is expected to be processed for this Supplier (If expense is less than $1,000 where possible pay by CDU credit card) | | | |
|  | | | |
| Section 2: Supplier/Non-Supplier Payee Details | | | | |
| **ABN:** | No ABN – Choose an item. | | | |
| **Legal Entity Name:** |  | | | |
| **Street Address & Suburb:** |  | | | |
| **Country:** |  | **Post/Zip Code:** | **State:** | |
| **Contact Name:** |  | **Telephone/Email:** | | |
| **Purchase Order Email:** | Only one email address can be entered | | | |
| **Remittance Email:** | Please leave blank if same as above | | | |
| **Are you an enterprise operating in the Northern Territory, with a significant permanent presence in the Northern Territory and employing Northern Territory residents:**   NO  YES | | | | |
| **Indigenous Corporation Number (ICN) if applicable:** | | | | |
| **D-U-N-S Number if applicable:** | | | | |
|  | | | | |
| Purchase Order Terms & Conditions | | | | |
| The University’s purchase order terms and conditions are located <https://www.cdu.edu.au/files/2021-08/cdu-purchase-order-terms-and-conditions.pdf>. The standard terms of trade are thirty (30) days from the latest of the date of invoice or the receipt of goods or service. | | | | |

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| --- | --- | --- |
| Section 3: Supplier/Non-Supplier Payee Bank Details | | |
| **Name of Bank/Financial Institution:** |  | |
| **Branch Address:** |  | |
| **Account Name:** |  | |
| Australian Bank Details (EFT) | | |
| **BSB** (six digits)**:** |  | |
| **Account Number:** |  | |
| International Bank Details (TT) | | |
| **Currency Information:**  (1 & 2 must be completed) | 1. **Bank Account Currency:** 2. **Payment Currency:** | |
| **Account Number:** |  | |
| **Swift/Sort/Bank Code:** |  | |
| **IBAN** (if applicable): |  | |
| I declare that I am an authorised representative of the Supplier or the Non-Supplier Payee detailed on this form and verify that all the details outlined are true and correct. | | |
| **Full Name** | **Signature** | **Date** |
|  |  |  |
| **Additional supporting documentation required, ONE of the following must be provided:**   * A signed letter on official supplier letterhead detailing bank details **(N/A to Non-Supplier Payee)**; * A quotation or tax invoice bearing the supplier’s ABN and bank details **(N/A to Non-Supplier Payee**); * A letter from your financial institution’s official letterhead with the bank details; * A copy of the bank statement with the bank details. | | |
|  | | |
| Section 4: CDU Staff to complete – Non-Supplier Payee Payment | | |
| This section **MUST** be completed where payment is to a Non-Supplier Payee (i.e. [Honorarium](https://www.ato.gov.au/non-profit/your-workers/your-volunteers/paying-volunteers/honorariums/)s, thesis marking, payment to volunteers). Contact payables on x7087 for further information, a requisition maybe required.  **NOT** to be used for prizegiving, scholarships, stipends, IHD refunds, revenue refunds or cashiers refunds | | |
| **Payment Amount: $** | | |