3.207

Murdoch UNIVERSITY

Request for Issue of Invoice

Date 22/06/12
Debtor Name Royal Canin Australia
Attention To [redacted]
Department (if any)
Debtor Address [redacted]

Debtor's Phone No

Debtor's Number R O Y A L 2 3 1 7

Reason for Charge	Amount
Co-sponsorship of Emergency Medicine Course	3300.00
Two day course	
22nd and 23rd July 2012	
Total of Invoice $ (inclusive of GST)	3300.00

Account code:					Total Amount (GST inclusive)	GST code
06	14	74	0468	5	16020	02841	3,300 . 00	C
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(For an explanation of the GST codes – please refer below)

Please note:

In signing the request below, the person requesting and the person authorising declare that the invoice is entitled to be issued as per University Finance Policy and Procedure # 401.

Details of Person Requesting Invoice	Details of Person Authorised to Request Invoice
Name: KRISTIN MANNIX	**Name: LEJANIE DOS SANTOS**
DOU & Telephone Number: 2699	**Telephone Number: 7252**
Signed:	**Signed:**
(Signature of person requesting invoice)	**(Signature of person authorised to request invoice)**