## SU BATH

Request To Raise An Invoice

	BATH							
Date:		Club Contact/Username:						
Invoice to:								
Company Co	ontact Name							
Contacts								
Company Address:								
Company Phone			Finance Department Contact:					
Company Email:								
				Finance Department Email:				
Department:				Expense Code:				
Net Goods:	£			Event:				
Plus VAT:	£			PO Number				
TOTAL	£							
CLUB CHAIR/TREASURER AUTHORISATION								
NAME:		POSITION:						
SIGNATURE:			DATE:					
STUDENTS UNION AUTHORISATION								

STUDENTS UNION AUTHORISATION					
NAME:	POSITION:				
SIGNATURE:	DATE:				

OFFICE USE ONLY		
INVOICE NUMBER:		DATE: