**(Response Name) Response – (Location)**

**(mm/yy Response Started)**

**Invoice Information Sheet**

**Invoices for services are to be sent to (First Name & Last Name of Asure Quality’s Logistics Coordinator) at the address above.**

**Rates of Payment.**

**(Summarise Agreed Rates example below)**

Time is to be invoiced at a rate of ($) per hour + GST (if applicable)

Motor vehicle running is to be invoiced at ($0.00) cents per kilometre + GST (if applicable)

(Enter further Reimbursement details as applicable)

**How accounts will be paid**

We will only be paying direct to bank accounts, so please ensure the following information is detailed on your invoice:

* Bank
* Branch
* Account name
* Full account number

In order to avoid delays please also attach a Bank Deposit Slip

**Invoices**

GST registered:

A GST tax invoice is to be provided covering all costs (use your own normal invoice)

Non GST Registered:

The attached template invoice is to be completed covering all costs

**Supporting Information**

**ALL** invoices (both GST and non GST registered) are to be supported with complete details of work undertaken on the attached form titled – “(Enter Name of Response, Location and Date as per Heading above) Invoice Supporting Documentation”

IMPORTANT NOTE: if supporting documentation is not provided, delays in payment will occur while we verify details. Reimbursement will only be made for pre approved and verifiable hours/expenses.

(First Name LastName of AQ Biosecurity Logistics Coordinator)

(Title)

(Location)

**(Enter Name of Response, Location and Date as per Heading above)**

**Invoice Supporting Documentation**

**Person/Company Name Submitting the Invoice**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Note: Amend Columns Below to Suit Response Supporting Documentation Needs)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Work | Personnel Name | Workstream | Hours / Person (List hours for each person by name) | Location Visited | Kilometres |
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# Invoice – Non GST Registered

Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To: AsureQuality Limited, HAMILTON**

**SERVICES RENDERED – (Enter Name of Response, Location and Date as per Heading above)**

Reimbursement of (Enter Details eg: Labour and vehicle costs) (as per attached (Enter Name and Location of Response) Invoice Supporting Documentation)

(Complete Reimbursement Details as per Example Below)

Total Hours \_\_\_\_\_\_\_\_\_ @ ($0.00 Enter Rate) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Km’s \_\_\_\_\_\_\_\_\_ @ (.00 cents Enter Rate) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Items please detail and attach receipts $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NIL GST)

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE BANKING DETAILS BELOW - PLEASE ALSO ATTACH BANK DEPOSIT SLIP**

**PLEASE “PRINT CLEARLY”**

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account No (FULL Details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Office Use)*

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Approved by Operations Logistics Managers/ Logistics Coordinator only)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sent to Finance for Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retain Copy for Financial & Auditing Purposes

Code: (ENTER FULL RESPONSE CHARGE CODE)