



## DELIVERY ADVICE - TEMPLATE

PURCHASE ORDER NO	SUPPLIERS NAME	SUPPLIER CODE	DATE

1. FULL DELIVERY                       2. PART DELIVERY                       4. PURCHASE OF GOODS                       5. PURCHASE OF SERVICE

Complete the section below as per the appropriate boxes ticked

QTY	DESCRIPTION	GST CODE	TOTAL AMOUNT	COST CENTRE/ACCOUNT NUMBER																			
				-																			
				-																			
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I certify that this amount is correct in respect of Treasurer's Instruction 305, and University Policies and Procedures

Prepared by:

SIGNATURE	STAFF ID	NAME (Please print)

Authorised Signatory:

SIGNATURE	STAFF ID	NAME (Please print)

(Note: You must be an approved Signatory and hold authority to the value of this transaction)