

AUTHORIZATION TO INVOICE

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AUTHORIZATION TO INVOICE T_____
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NAME			CLIENT NO.	
HOME ADDRESS	POSTAL CODE	TELEPHONE NO.	FAX NO.	
TRAINING CENTRE (for suppliers)			AGENCY NO.	
ADDRESS	POSTAL CODE	TELEPHONE NO.	FAX NO.	

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COURSES OR PROGRAM			STUDENT NO.	
ADDRESS IN TRAINING (if different from above)	POSTAL CODE	TELEPHONE NO.	FAX NO.	
EFFECTIVE START DATE (YYYY MMM DD)	END DATE (YYYY MMM DD)			

THE FOLLOWING GOODS AND/OR SERVICES HAVE BEEN APPROVED FOR THE INDIVIDUAL

GOODS/SERVICES (TO BE PURCHASED)	UNIT COST (IF APPROPRIATE)	TOTAL FOR CURRENT FISCAL YEAR	TOTAL FOR NEXT FISCAL YEAR
Example			
Examples: Tuition for B. Sc. (Chemistry) Software Admission fees			

COMMENTS

APPROVED BY:	EXPENSE AUTHORITY SIGNATURE	NAME (PLEASE PRINT)	DATE (YYYY MMM DD)
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Payment Procedure Please submit your invoice to the address above within 30 days of the end date on this Authorization to Invoice (ATI). Indicate the Authorization to Invoice number and Client Name on your invoice submission. An original invoice is required for Payment. In the case of refunds, please make them payable to the Minister of Finance, c/o the return address above.