

CREST

Date : 23-8-16

REQUISITION No:

Deliver Goods to: _____

For the attention of : Name of Student
(member of QUB staff)

Suggested Supplier : Selective Travel

Please use a separate form for each supplier

Item	Product Code	Description	Quantity	Unit Price	Project Code	Sub Analysis	VAT Code	Total Price (Excl VAT)
1		Flights: <u>Dublin - Munich</u> <u>Dep 13 Sep</u> <u>Ret 16 Sep</u>		<u>Eg.</u>	<u>R1443C14</u>	<u>Student No</u>		
2		Hotel: <u>Name of Hotel</u> <u>Check-in: 13 Sep Check-out: 16 Sep</u> <u>Reason: Attending 'Name of Conference/Meeting'</u> <u>at 'Venue' + 'Dates'</u>			"	"		
							TOTAL NETT VALUE	

THE AUTHORISED SIGNATORY(IES) SHOULD ONLY APPROVE THIS REQUISITION ONCE SATISFIED THAT THERE ARE AVAILABLE FUNDS IN THE PROJECT(S)

Signed : _____

* To be signed *

Date: _____

Authorised Signatory(ies) for project(s) detailed on requisition

By signing this requisition, I confirm that I have no related interest in this purchase (as outlined in the University's Regulations, Guidelines and Procedures for the Procurement of Goods and Services), that the purchase is wholly and appropriately for the business of the University and that the project(s) has sufficient funds to cover the costs.

FOR USE BY DEPARTMENTAL BUYER ONLY

Goods ordered by Purchase Card

Date: _____ Ref: _____

or

Goods ordered by Official Order

Date: _____ Order No. _____

VAT Zero-Rating Certificate Enclosed

Yes / No

Signed: _____

QUB VAT Registration Number Required?

Yes/No

Signed: _____

(GB 254 7995 11)

Special Instructions for Supplier:

Supplier:

Selective Travel