



CASHIER ADVICE FORM

CLIENT NAME:

(To appear on receipt)

Should receipt be returned to Department -

Department & Faculty:

Contact Name:

Phone/ Ext:

Complete ONE of the following sections. If funds received are for goods or services and JCU have previously invoiced for this payment, please complete section A only.

SECTION A

UNIVERSITY INVOICE NO.:

SECTION B

DETAILS:

(To appear on receipt & Finance One)

ACCOUNT NO: (O.P.F.U)

XXXX-XXXXX-XXXX-XXXX

GST:

Y/N

AMOUNT:

(\$)

TOTAL

PLEASE NOTE: All sections of this form must be completed before the receipt can be processed by the Cashier.

The Cashier is open between 9am - 3pm, Monday - Friday.

Further information can be obtained at

<http://www.jcu.edu.au/fabs/>