



# 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/>