

Request for Internal Services Quote

Accounts Payable / Accounts Receivable

It is imperative that this Quote is completed before any goods are supplied or services performed on behalf of the Purchasing Business Unit.

Buyer Initiated Details: *(Please specify all information clearly.)*

Date RISQ raised		Purchasing Business Unit		
Finance Officer		Phone		Email
Description of Goods or Services Purchased				
				Estimated Amount

Enter Chartfields: *(Optional)*

Operational Unit	Site	Fund Code	Function	Expense Account	Project ID	Free Form Tag
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Authorisation of Expenditure:

Budget Holder Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No	Charge Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Delegate			
Signature		Date	

Seller Pricing Quote: *(Please specify all information clearly.)*

Date of Quote		Billing Business Unit				
Quoting Officer		Phone		Email		
Description of Goods or Services Provided						
Amount				Sellers Reference <i>(e.g. Job #)</i>		
Operational Unit	Site	Fund Code	Function	Revenue Account	Project ID	Free Form Tag