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| --- | --- |
| **Requested by:** |  |
| **Telephone number:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Supplier Name** |  |
| **Supplier ID** |  |
| **Invoice Reference** |  |
| **Invoice Date:** |  |

|  |  |
| --- | --- |
| **Supplier Address Line 1** |  |
| **Supplier Address Line 2** |  |
| **Town/City** |  |
| **County** |  |
| **Postcode** |  |

**Invoice / Credit Note Description**

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Account Code****(6 digits)** | **Cost Centre****(5 digits)** | **Analysis Code** | **Sub Project Code** | **Net Amount (£)** | **VAT Code** | **VAT Amount (£)** | **Gross Amount (£)** |
|  |  |  |  |  |  |  |  |
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*To note, when you use the New Cost Centre / Account Code mapping sheet, if an Analysis Code or Sub Project Code appears, please include this in the table above.*

Before emailing this form to shropshirecouncil.invoices@proactiscapture.com as a pdf, please ensure you have included all supporting documentation as part of the same pdf document.