

# Data Management for Rookie Managers



Please complete, sign and submit to [lpatterton@csir.co.za](mailto:lpatterton@csir.co.za)

TYPE OF TRANSACTION/DOCUMENT REQUIRED			
Cash Tax Invoice	<input type="checkbox"/>	Tax Invoice	<input checked="" type="checkbox"/>
Non -Tax Invoice	<input type="checkbox"/>	Quotation	<input type="checkbox"/>
CUSTOMER DETAILS			
Full Name of Company / Customer / Debtor :			
WORKSHOP ATTENDEE			
Name ..	Tel no :...		
E-mail address : .....	Cell no :..		
Signature			
ORDER NUMBER - IF APPLICABLE	DATE		
DETAILS / DESCRIPTION OF GOODS / SERVICES RENDERED			
NeDICC Workshop registration: 28 August 2013.			
INVOICE AMOUNT			
Exclusive	R	350.00	NB: If the invoice is not subject to VAT, a copy of the contract / agreement or any other documentation stipulating the reason for exclusion of VAT, must accompany this registration
VAT	R	49.00	
Inclusive Amount	R	399.00	
NeDICC/ CSIR CONTACT PERSON			
Name of Requestor:	<u>L PATTERTON</u>		Tel No.: <u>012 841 3767</u>
Faculty/Department:	<u>CSIRIS</u>		Building : <u>22</u>
E Mail :	<u><a href="mailto:lpatterton@csir.co.za">lpatterton@csir.co.za</a></u>		Office No. <u>B60</u>
Authorised by:	_____		Capacity: <u>Workshop Coordinator</u>
NB: THE INVOICE WILL BE SENT VIA EMAIL TO THE REQUESTOR IN PDF FORMAT			
APPROVAL BY CSIR ACCOUNTANT			
Name of the Accountant:	<u>Maryke Engelbrecht</u>		
Signature: _____	Date: _____		
NB: THE REQUEST MUST BE APPROVED BY M ENGELBRECHT PRIOR TO FORWARDING TO DEBTORS			
FOR DEBTORS USE ONLY			
Invoice E-mailed	<input type="checkbox"/>	Date E-mailed _____	Invoice No. <input style="width: 100px;" type="text"/>