UNIVERSITY ACCOUNTS PAYABLE SUPPLIER CREATE/AMEND FORM

Instructions: Please use BLOCK letters, complete all fields, attach relevant documents and ensure request is authorised. Scan copy to Finance email: finance@westernsydney.edu.au All requests must be supported by documentation from the Supplier eg. Invoice/quote/letterhead including the details as requested above.

Action Required \square	Create New Supplier	Ц	Amend Existing Supplier	
\square R	teactivate inactive Supplier – A	Authorisation Not F	Required	
Supplier Details				
Supplier Name:				
ABN:				
Staff/Student ID No:	(if applicabl	le)		
Postal Address:				
	State:	Postcode	:	
Telephone No:	F	`ax No:		
Remittance Email:	PO Communication Email			
Bank Details:				
BSB No:/				
Account No:				
Bank Account Name:				
Declaration: I certify that this re Copies of documentation are attac		and complies with a	ll relevant University Policies.	
Requested By:	S	ignature:		
	(Print Name)			
Verified/Authorised By: (Dept Head/Manager)	(Print Name)	Signature:(Print Name)		
Unit/Division:				
Finance Use Only				
Supplier No:	Durchasing Flag	☐ Pay	ment Flag	
Entered By:	Checked	Checked By:		
Requestor advised: Yes -	→ (Attach copy of email) D	Date:		