THE UNIVERSITY OF EDINBURGH

CASUAL PAYMENT VOUCHER

PAY TO:

NAME	
ADDRESS	
POSTCODE	

BLOCK LETTERS PLEASE

Description .....

* SEPARATE HANDLING		INVOICE DATE	
INVOICE NO.		DUE DATE	

* If documents are to be forwarded with payment enter 01 in separate handling field and enclose documents with this form, otherwise leave blank.

Cost Centre	Account Code	Job Code	NET Amount £	p	VAT Amount £	p	VAT Code
		Totals					

GROSS TOTAL

SIMPLIFIED TAX SCHEME DETAILS
NATIONAL INSURANCE NUMBER

START **END**

PAYMENT PERIOD **...../...../.....** **...../...../.....**

Prepared by: ..... **Verified: .....**

Date Prepared ..... **Authorised: .....**

(Authorised Signatory/Head of Dept.)

October 1997