**Section 1 – Requester Details**

**This form must be signed by a Bank Signatory (see below list) before being submitted to Technical Accountancy (Room 137 County Hall) for processing.**

|  |  |
| --- | --- |
| **Name** |  |
| **Department** |  |
| **Section** |  |
| **Telephone number** |  |
| **Email Address** |  |

 **Section 2 – Vendor Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vendor Number** |  |  |  |  |  |  |  |  |
| **Vendor Name** |  |
| **Vendor Address** |  |
|  |
|  |
|  |

 **Section 3 – Details of Payment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Code** |  | **Date** |  |
| **Reason for payment** |  |
| **Bank Name and address**  |  |
| **IBAN number** (EU) |  |
| **BIC code** (Worldwide) |  |
| **A/C Name**  |  |
| **A/C Number**  |  |
| **Charges to be paid by \***Delete as appropriate | Beneficiary/DCC |

**Section 4 – Payment Authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised for Payment** |  | **Prices Verified** |  |
| **Goods Received** |  | **Order Reference** |  |
| **Calculations Checked** |  | **Invoice Reference** |  |
| **Authorised by Bank Signatory** one from: Peter Handford,, Wayne Sutton, Wendy Round Eleanor Scriven, Paul Stone, Jess Gerrard and Claire Howells |  | **Invoice Date** |  |
| **Bank Inputter** |  | **Authoriser 1** |  | **Authoriser 2**  |  |

 **Section 5 – Ledger and Payment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **G/L Code**  | **COST CENTRE or****PROFIT CENTRE or****WBS or****STATISTICAL INTERNAL ORDER or****PLANT MAINTENANCE ORDER** | **Amount** | **Currency e.g. Euro, USD, etc.** |
|  |  | **£** |  |
|  |  | **£** |  |
| **146500** | **NE20000** | **£30.00 CR** | **Processing Fee** |
| **Invoice Total** | **£** |  |

**Guidance notes**

**This form must be signed by a Bank Signatory (Peter Handford,, Wayne Sutton, Wendy Round Eleanor Scriven, Paul Stone, Jess Gerrard and Claire Howells) and then taken to Technical Accountancy (Room 137 County Hall or via email to Jon.clarke@derbyshire.gov.uk) for processing.**

**Section 1 – Requestor Details**

|  |  |
| --- | --- |
| **Name** | Enter the name of the person making the request |
| **Department** | Enter the requester's department name i.e. CS, ASCH, CCP, ETE |
| **Section** | Enter the requester's section |
| **Telephone number** | Enter the requester's telephone number |
| **Email address** | Enter the requester's email address |

**Section 2 – Vendor Details**

|  |  |
| --- | --- |
| **Vendor Number** | Enter the Payees Vendor Number or leave blank if a One Time Vendor |
| **Vendor Name** | Enter the Payees Name |
| **Vendor Address** | Enter the Payees Address |
|  |
|  |
|  |

**Section 3 – Details of Payment**

|  |  |
| --- | --- |
| **Date** | Enter the payment date |
| **Company Code** | Enter Company Code that relates to the bank account the payment should be made from: 1000 for County Fund or 2000 for Pension Fund. |
| **Reason for payment** | Enter the reason for payment |
| **Bank Name and address**  | Enter the payees Bank name and address |
|  |
|  |
|  |
| **IBAN number (EU)** | Where the payee is within the EU: enter the payees IBAN number |
| **BIC code (Worldwide)** | Where the payee is outside of the EU: enter the payees BIC code |
| **A/C Name**  | Enter the payees bank account name |
| **A/C Number**  | Enter the payees bank account number |
| **Charges to be paid by \*Delete as appropriate** | Select who should receive the charges: Beneficiary/DCCNB If the payee is within the EU the charges will be automatically shared between the Beneficiary and DCC. |

**Section 4 – Payment Authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised for Payment** | Your normal approver to sign here | **Prices Verified** | Requestor to sign |
| **Goods Received** | Requestor to sign | **Order Reference** | Order reference where applicable |
| **Calculations Checked** | Requestor to sign | **Invoice Reference** | Invoice reference to be quoted on SAP (max. 16 characters) |
| **Authorised by Bank Signatory\*****\* one from: Peter Handford, Richard Appleby, Wendy Round, John Cooper, Paul Stone** | Must be signed by one of the listed authorisers | **Invoice Date** | Invoice date to be inputted on SAP |
|
| **Bank Inputter** | Office use only | **Authoriser 1** | Office use only | **Authoriser 2**  | Office use only |

**Section 5 – Ledger and Payment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **G/L Code**  | Cost Centre/ Profit CentreWBSSIO or PMO Number | Amount | Currency e.g. Euro, USD, etc. |
| **Enter the general ledger (detail) code**  | Enter your Cost Centre/ Profit CentreWBS/SIO or PMO Number | Enter payment amount | State payment currency |
|  |     |   |   |
| **146500** | NE20000 | £30 set fee for processing the Foreign Transfer | £30.00 CR |   |
|  |     |   |   |
| Invoice Total |     | Enter total amount (Payment amount(s) less Processing fee) |   |

**Processing fee**

If the vendor is to pay the processing fee then the above ledger and payment details need to be completed. This reduces the payment amount sent to the vendor.

Alternatively, if the department/school is to pay the processing fee then an additional ledger details line needs to be added with g/l 146500 and the department/schools cost centre for £30.00 DR.

If you need any help completing the form please contact Master Data via email: sap.finance@derbyshire.gov.uk.

Or speak to your Accountancy section.