# Customers are created to send invoices to individuals/companies.

Please read the guidance notes before completing this form, available from the SchoolsNet website.

E-mail the completed form to the approver and ask them to check the form, complete section 4 and forward the form, by e-mail, to [sap.finance@derbyshire.gov.uk](mailto:SAP.FINANCE@DERBYSHIRE.GOV.UK). Follow this procedure to ensure that the authorisation chain is evident from the e-mail.

## **Contact details for Master Data Team**

Email – [sap.finance@derbyshire.gov.uk](mailto:SAP.FINANCE@DERBYSHIRE.GOV.UK)

## **Section 1 – Requester details**

|  |  |
| --- | --- |
| **Name** |  |
| **Department or School** |  |
| **Section** |  |
| **Telephone Number** |  |
| **E-mail address** |  |

## **Section 2 – Customer change requests**

Fill in the details below and then complete section 3 with the new details and/or section 4 with new billing details.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer number** |  |  |  |  |  |  |  |  |
| **Existing customer name/address** | | | | | | | | |

## **Section 3 - Contact details of where the invoice is to be sent.**

|  |  |  |
| --- | --- | --- |
| **Account group**  Put an ‘X’ to indicate relevant type (one only) | Public Sector Organisation |  |
| Commercial |  |
| Not-for-profit Organisations |  |
| Individuals |  |
| Employees |  |
| Fostering |  |
| Adult Client Services |  |
| **Company Code** | 1000 | |
| **Title** |  | |
| **Full name/company name** |  | |
| **C/o** |  | |
| **Address line 1** |  | |
| **Address line 2** |  | |
| **Address line 3** |  | |
| **City or town** |  | |
| **County** |  | |
| **Post code** |  | |
| **Telephone number** |  | |
| **Standard/sensitive reminder** |  | |
| **Comments** |  | |

## **Section 4 – Billing details**

Only complete this section with the billing details if they are different to those given above. The invoice will then be sent to the customer, c/o the bill payer at the bill payer’s address.

|  |  |
| --- | --- |
| **Title** |  |
| **Full name/company name** |  |
| **Address line 1** |  |
| **Address line 2** |  |
| **Address line 3** |  |
| **City or town** |  |
| **Post code** |  |
| **Country** |  |

## **Section 5 – Approval**

By approving this request, you are confirming that SAP (transaction FD03) has been checked to ensure that the customer does not have an existing customer record.

|  |  |
| --- | --- |
| **Approved by** |  |
| **Title** |  |
| **Department or School** |  |
| **Telephone number** |  |
| **Date** |  |