**DEBTORS INVOICE & CREDIT NOTE REQUEST FORM**

**FOR R&B OFFICE USE:** V3.7 4/5/23

Account ref:

Invoice/credit note ref:

Date input:

Input by:

*Before completing you should save this form as a Word*

*document to a location on your H drive.*

*Use your TAB key or mouse to go through the grey fields.*

**SECTION A – DEBTOR DETAILS**

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| Civica Sundry Debtor account ref (*if known*):      Name of debtor:      Address of debtor:      Postcode (*this must be entered!*):       Contact name & tel no.:      FAO name and / or debtor’s reference (*their ref – if any*):       |

**SECTION B – TO RAISE AN INVOICE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Charge no. |  | Net amount | VAT amount | Total | VAT code | Agresso code |
| \*1\* |  | £0.00 | £0.00 | £0.00 |  |       |
| \*2\* |  | £0.00 | £0.00 | £0.00 |  |       |
| \*3\* |  | £0.00 | £0.00 | £0.00 |  |       |
| \*4\* |  | £0.00 | £0.00 | £0.00 |  |       |
| \*5\* |  | £0.00 | £0.00 | £0.00 |  |       |
| **Total invoice amount** | **£****0.00** |  |

Charge number \*1\* description:      Charge number \*2\* description:      Charge number \*3\* description:      Charge number \*4\* description:      Charge number \*5\* description:      Address of property relating to debt (*if different to address in SECTION A above*):      **Period from and to**, or **starting date** for charge (*if appropriate*):      How will the debtor be paying? *(dropdown)* How many instalments will the debtor be paying? *(dropdown)* If this is to be an Other Special Arrangement please provide details:      If this charge is to be raised again on a regular basis, how often will this be?: What date will the next invoice to be raised start from? (dd/mm/yy):      Additional notes:       |

**SECTION C – TO RAISE A CREDIT NOTE (for INFO ONLY) and / or END A PERIODIC INVOICE**

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| Invoice number(s) to be credited in full (*NB.* *partial credit notes cannot be raised*): BDate periodic invoice(s) should be ended (*if applicable*):      Reason for **credit note(s) being raised**, or **periodic invoice(s) being ended**:      Additional notes *(eg forwarding address)*:       |

**SECTION D – YOUR DETAILS**

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| Date requested (dd/mm/yy):      Name of person requesting:      Department:      Tel extension number:       Document reference (*your ref – if any*):       |

**SECTION E - AUTHORISATION**

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| Name of person authorising:       Date (dd/mm/yy):      Signature of person who is authorising *(insert e-signature/image)*:  ***IMPORTANT!*** *For Audit purposes please either:* 1. *In the Word menu at the top, go to Review > Restrict Editing > then right hand side click Stop Protection, and then insert the e-signature/image of the person authorising in the space above and then send this form to* ***sundry.debtors@harlow.gov.uk***
2. *Email this form onto the person authorising and ask them if they want to authorise then they should forward the email* ***with the form attached*** *directly onto* ***sundry.debtors@harlow.gov.uk***
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*You must attach paperwork with a signature from the debtor, showing that they authorised the work to be carried out!*

*If you cannot get a signature, please explain why here:*