

# NEW SUPPLIER REQUEST / AMENDMENT FORM

AP

This form is to be used for local Australian suppliers

Overseas suppliers are required to fill out the New Overseas Supplier Request Form F33



## Supplier Name

Legal Name		<input type="checkbox"/> <b>New Application</b>
Trading Name		<input type="checkbox"/> <b>Amendment to existing details</b>
ABN		(If no ABN Withholding Tax Applies)
<i>Where a Supplier is an individual (not a company or trust), please indicate the type of supply to the University:</i>		<input type="checkbox"/> Goods <input type="checkbox"/> Goods and Services <input type="checkbox"/> <b>Services Only *</b>
<p>* <b>NOTE:</b> If <b>Services Only</b> the Independent Contractor package must be completed - refer to the below web address for additional information  <a href="http://www.unimelb.edu.au/CSD/image/financeop/stdagt.doc">http://www.unimelb.edu.au/CSD/image/financeop/stdagt.doc</a></p>		

## Contact Information

Accounts		Purchasing	
Street Address		Street Address	
City		City	
State		State	
Postcode		Postcode	
PO Box Address		PO Box Address	
City		City	
State		State	
Postcode		Postcode	
Contact Name		Contact Name	
Phone No		Phone No	
Fax No		Purchase Order Fax No	
email		email	

## Payment Information

Credit Card	
Do you accept payment by credit card for purchases less than \$5,000 ? Yes / No (Please circle)	
EFT Details	
Bank Acc Name	
Bank/Branch	
BSB No	
Account No	
Bank Contact Name	
Bank Phone No	
Remittance Information	
Please tick preferred method	
<input type="checkbox"/> Email - address	
<input type="checkbox"/> Fax - number	
<input type="checkbox"/> Printed/Posted	
<b>To ensure your payment is paid to the correct bank account, please attach a copy of your encoded bank deposit slip</b>	

## Authorisation

(by authorised officer of the company/organisation)

Signed		Date	
Name		Position	

Please return completed form to the University of Melbourne Department per the details below

## University of Melbourne Use Only

UoM Department		Financial Operations Use	
Originating Dept		Payment Terms	
Department No		Pay Priority	
Requested by		Type	
Phone		Category	
Fax			
email		Authorised by	
One time purchase	Yes / No (please circle)	Date	
Estimated value of monthly purchases			
Type of goods/services		Supplier No	