



Ministry of Defence

- Completion Instructions
- **Note: Only items attracting the same rate of VAT to be shown on this form**
- **Forms should be typed.** If not forms **must** be completed in **Black Ink** and in **Block Capitals**;
- Forms **must** be completed as a single back-to-back A4 sheet;
- All dates must be completed in numbers in the format DDMMYYYY;
- All Mandatory Fields must be completed;
- Invoices must be signed by the appropriate Designated Officer as detailed in the contract documents ;
- Only claim forms with the original signature will be accepted. Photocopy claims are not acceptable
- The Contract Number and Supplier's Title must be in exactly the same format as quoted on the contract document;
- Item number and price claimed must be exactly as quoted in the contract document.
- * **Mandatory Field**
- Note: If any of the above instructions are not adhered to your claim will be rejected.
Supplier MUST ensure boxes 1 to 19 are completed

DBS Finance, Walker House, Exchange Flags, Liverpool, L2 3YL

1. Supplier Title *

2. Address *

Postcode

3. Supplier code * 4. Contract Number * 5. Supplier invoice Reference *

6. Date of Invoice DDMMYYYY 7. DIO Order Number (if required) 8. Currency *

9. Project Title

10. Project Location

11A. Item Number <input type="text"/>	12A. Quantity <input type="text"/>	13A. Price excluding VAT <input type="text"/> • <input type="text"/>
14A. Description of services – Please provide a full and detailed breakdown of your claim below		

11B. Item Number <input type="text"/>	12B. Quantity <input type="text"/>	13B. Price excluding VAT <input type="text"/> • <input type="text"/>
14B. Description of services – Please provide a full and detailed breakdown of your claim below		

11C. Item Number <input type="text"/>	12C. Quantity <input type="text"/>	13C. Price excluding VAT <input type="text"/> • <input type="text"/>
14C. Description of services – Please provide a full and detailed breakdown of your claim below		

15. VAT registration number <input type="text"/>	16. Total Excluding VAT <input type="text"/>	17. VAT % <input type="text"/> • <input type="text"/>	18. Total <input type="text"/>	• <input type="text"/>
19. Grand Total <input type="text"/>				• <input type="text"/>

20. Please as appropriate:

Interim Payment Phase Claim Milestone Claim Final Payment

Please quote where applicable the grade of staff with hourly rates; Travel & Subsistence expenses; whether Interim or Final Payment, Phase or Milestone Claim and relevant DIO Order or Amendment numbers in the DIO Order Number box.

Section 1 - To be completed by the Supplier

I certify that subject to certification the amount to be paid is in accordance with the terms of the contract.

NB. Photocopies of certified MOD claim forms AG201 are NOT acceptable to DBS Finance.

Signature

Date

Name in capitals

Tel

For and on behalf of

Section 2 – To Be Completed by the Authorised Certifying Officer

21A. RAC <input type="text"/>	22A. SAC <input type="text"/>	23A. Vat Code <input type="text"/>	24A.LPC <input type="text"/>	25A. UIN * <input type="text"/>
26A. Stores <input type="text"/>	27A. VAT <input type="text"/>	28A. Total <input type="text"/>		<input type="text"/>
29A. MOD Reference * <input type="text"/>	30A. Item Number <input type="text"/>			

21B. RAC <input type="text"/>	22B. SAC <input type="text"/>	23B. Vat Code <input type="text"/>	24B.LPC <input type="text"/>	25B. UIN * <input type="text"/>
26B. Stores <input type="text"/>	27B. VAT <input type="text"/>	28B. Total <input type="text"/>		<input type="text"/>
29B. MOD Reference * <input type="text"/>	30B. Item Number <input type="text"/>			

21C. RAC <input type="text"/>	22C. SAC <input type="text"/>	23C. Vat Code <input type="text"/>	24C.LPC <input type="text"/>	25C. UIN * <input type="text"/>
26C. Stores <input type="text"/>	27C. VAT <input type="text"/>	28C. Total <input type="text"/>		<input type="text"/>
29C. MOD Reference * <input type="text"/>	30C. Item Number <input type="text"/>			

BX131 sheet attached.

31. Grand Total*

I hereby authorise the sum of (amount in words)

When you certify this form you **MUST** ensure that it is on a single back-to-back A4 sheet.

* = Mandatory field

Date form AG201 received or goods / services if later

DDMMYYYY*

Official Stamp*

- I certify that the amount claimed is due and payable to the Supplier, subject to verification by DBS Finance of the sums previously paid.
- The payment should be charged to the RAC(s), SAC(s), Vat Code(s), LPC(s) and UIN(s) detailed above.

Signature*

Printed Name*

Branch*

Tel*

(DDMMYYYY) Date*

Email*