

## NOTES FOR USERS OF AG201

### Supplier to complete the front page of the form

Ideally all fields should be typed if not they should be printed in block capitals using black ink one character per box

Field 1 - Supplier Title

**Mandatory Field.** *The title of the Company **must** be the same as on the contract.*

Field 2 - Address

**Mandatory Field.** *Please complete with the address quoted on the contract.*

Field 3 - Supplier Code

**Mandatory Field.** *Correct Supplier code **must** be quoted.*

Field 4 - Contract Number

**Mandatory Field.** *Contract number **must** be exactly as quoted on the contract (max 14 characters)*

Field 5 - Supplier Invoice Reference

**Mandatory Field.** *This reference **must** be meaningful and unique to the invoice so it can be used to locate and resolve queries (max 10 characters). **Not adhering to this requirement may lead to a delay in payment.***

Field 6 - Date of invoice

*This field is for supplier use only and should quote the date the invoice was raised.*

Field 7 – DIO Order Number

*The order number claimed for on the invoice should be quoted here.*

Field 8 Currency

**Mandatory Field.** *Please quote the currency to be used for payment i.e GBP/USD etc.*

Field 9 – Project Title

*The title attributed to the project should be quoted here.*

Field 10 – Project Location

*The location of the project should be quoted here.*

Field 11 – Item Number

*The item number of the service being claimed as it appears in the contract document.*

Field 12 - Quantity

*The quantity of the goods or number of times the service is being claimed should be inserted in this box.*

Field 13 – Price Excluding VAT

*The price to be claimed for each item or service excluding VAT.*

Field 14 – Description of Services

*Please insert a full and detailed description of the item/service(s) being claimed for on the invoice .*

Field 15 – VAT Registration Number

*Please insert your valid VAT registration number.*

Field 16 – Total Excluding VAT

*Please insert the total value of all the services claimed for on the invoice excluding VAT.*

Field 17 – VAT %

*Please insert the VAT rate applicable for the claim.*

Field 18 - Total

*Please insert the total value of VAT claimed.*

Field 19 – Grand Total

*Please insert the total amount of the invoice including VAT.*

## **Reverse of AG201**

Field 20 - Category of Claim

*Please check the appropriate field as required.*

## **Section 1 to be completed by the Supplier**

*All fields are **mandatory**, an original signature must be completed and the name printed below in Block Capitals. Please also include the full Supplier Title for the supplier they are signing on behalf of and the full contact telephone number. The Date of Signature field should be completed in the following format **DDMMYYYY**.*

## **Section 2 to be completed by the Authorised Certifying Officer**

In accordance with previous versions of the AG201 there is the facility to split the invoice between different RAC codes. To facilitate this activity please complete fields 21A to 30A for the first RAC, 21B to 30B for the second RAC etc.

Field 21 - RAC

*Please enter a valid Resource Account Code.*

Field 22 - SAC

*Please enter a valid Secondary Analysis Code if required.*

Field 23 – VAT Code

*Please enter a valid VAT code.*

Field 24 - LPC

*If required please enter a valid Local Project Code.*

Field 25 – UIN

*This is a **mandatory** field and **must** be completed with a valid unit identity number.*

Field 26 – Stores

*The value claimed for the item(s) or service(s) excluding VAT.*

Field 27 – VAT

*The VAT value claimed for the item(s) or service(s).*

Field 28 – Total

*The total value claimed for the item(s) or service(s) including VAT.*

Field 29 - MOD Reference

*This is a mandatory field and **must** be completed with a meaningful unique reference.*

Field 30 – Item Number

*Insert the item number that the item or service relates to as quoted in the contract.*

Field 31 – Grand Total

*Please insert the total of boxes 28 A-C. This value should agree with the total in box 19 on the front of the form.*

***Please complete the authorisation of payment field in words as directed.***

**If a BX131 form is attached for breakdown purposes please tick box**

## **Certification Box**

*All fields are **mandatory**, the date of invoice field **must** be completed with the date the AG201 form was received or the goods or services delivered/completed if this was later. Date format used **must** be **DDMMYYYY***

*The Certifying Officer must sign with an original signature and print their name, complete the Official stamp field, enter the Branch email address, contact telephone number and date of certification in the format **DDMMYYYY**, in the fields provided.*

