

NOTES FOR USERS OF MOD640

Ideally all fields should be typed if not they should be printed in block capitals using black ink one character per box. Please ensure fields are completed within the confines of the requisite box.

Supplier to complete the following:

Consignors Reference

Please complete as required.

Is contract ex works?

Please complete as required.

Is this the final delivery under this contract?

Please complete as required.

FROM: Name & Full address of Consignor

Mandatory Field *Please complete your full Name and Address as they appear on the MOD contract documents.*

Number and Nature of Packages

Please complete as required.

Package Markings

Please complete as required.

Method of Transport

Please complete as required.

Date goods despatched

Please complete with the date goods despatched in format DDMMYYYY.

TO: Name and Full Address of Consignee

Please complete as required.

VAT Reg Number

Please insert your valid VAT registration number.

Type of Supply

Field pre filled.

VAT Tax Point

Please complete as required.

Date of Invoice

Mandatory Field *Please complete with the date of invoice in the required format of DDMMYYYY.*

Field 1 Contractor Code and Address Code

Mandatory Field *Please complete with the correct 5 character **Supplier** code and 2 digit **site** code in the separate fields provided.*

Field 2 Contract Number

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

Order/Warrant No

Please complete and date as required.

Field 3 Contractors Bill Invoice Ref

Mandatory Field *This reference must be meaningful and **unique to you as a supplier for each invoice to enable you to identify the invoice and resolve queries (max 10 characters).***

Contract Item No

Please complete with item number quoted in the contract.

MOD Stock Reference

Must be completed with the MOD Stock Reference as stated in the contract.

Contract Description

A description of the goods being claimed should be inserted in this box.

Pre packed Quantity (ppq)

*Please complete **as stated in the contract documents.***

Pkg Code

Please complete as required.

Denom of Qty

*Please complete **as stated in the contract documents.***

Quantity Despatched

***Mandatory Field** Please complete with the quantity despatched.*

Quantity expd in satis tests

Please complete as required.

Major non-conformance no cumulative deliveries discrepancies

Please complete as required.

Unit Price (excluding VAT)

Mandatory Field** Please complete with the price to be claimed for each **item as stated in the contract documents.

Total Price (Excluding VAT)

***Mandatory Field** Please complete with the total value of all items claimed excluding VAT.*

Field 4 -Total Excluding VAT

***Mandatory Field** Please insert the total value of all items claimed on the invoice excluding VAT.*

Field 5 - i) VAT@% Rate

***Mandatory Field** Please complete with the correct rate of VAT.*

Field 5 - ii)

Please complete with the total value of VAT claimed on the invoice.

Field 7 - Total.

***Mandatory Field** Please complete with the total amount of the invoice including VAT.*

Contractors Certificate

Please complete with an original signature and date in the correct format DDMMYYYY.

Packers Certificate (if applicable)

Please complete with an original signature and date in the correct format DDMMYYYY.

MOD CERTIFYING OFFICER TO COMPLETE

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Field 6 - Unit Identity Number (UIN)

Mandatory Field Please complete with a valid Unit Identity Number.
Date Brown F640 received or goods received
Mandatory Field Please complete in correct date format DDMMYYYY.

Date Brown F640 posted out to Contractor
Mandatory Field Please complete in correct date format DDMMYYYY.

Signature
Please complete with an original signature.

Name in Capitals
Please complete name in block capitals.

Tel No
Please complete with a current contact telephone number.

Establishment Stamp
Mandatory Field Please complete with unit stamp.

Action on reverse of Form for Non-Government Consignees

Date Brown F640 received or goods if later
Mandatory Field Please annotate with the date F640 or goods were received in date format DDMMYYYYY.

Goods received for use on Contract No
Please complete as required.

Terms of issue
Please complete as required.

Unit Identity Number (UIN)
If you have been advised of the MOD Unit Identity Number (UIN) applicable to this consignment please complete in UIN box.

Signature and Date
Please complete with an original signature and Date in the format DDMMYYYYY.

Contractor and Address (If different from the consignee quoted on the front of the MOD640)
Please complete with Contractor name and address if different from the front of the invoice.

Date Brown MOD640 posted out to contractor
Please complete in the format DDMMYYYYY.