**Waka Kotahi NZ Transport Agency Research Programme invoicing requirements**

If you are going to be invoicing Waka Kotahi for the first time, we would appreciate you completing the Waka Kotahi Finance supplier maintenance form on the following page and returning it to Karen Brodie (karen.brodie@nzta.govt.nz).

When invoices are submitted for completed Waka Kotahi research project milestones the following criteria are required:

1. Ensure invoiced milestones are 100% complete and that the invoice is accompanied by an up-to-date Research Programme progress and payment form, showing that the milestone/s being invoiced are 100% complete.
2. Show the following reference number in addition to the research project number on invoices:

**Reference: WBS 80002107**

***Important note – your invoice may be automatically rejected by our invoicing system if the above reference number is not shown***

1. Include the invoice and the progress and payment form in the **same PDF file**.
2. Submit invoices in PDF format to apinvoices@nzta.govt.nz, copied to karen.brodie@nzta.govt.nz.
3. Submit multiple invoices as separate PDF files, ie one invoice plus progress and payment form per PDF.

For any queries regarding the above – contact Karen Brodie, Programme Coordinator, karen.brodie@nzta.govt.nz, 07 928 7921.

**Part A – Supplier to complete**

|  |  |
| --- | --- |
| **Trading as Name (If Applicable)** |  |
| **Registered Supplier Name**  |  |
| **NZBN Number** |  |
| **Full Registered Address**  |  |
| **Full Postal Address (if different)** |  |
| **GST Number** |  |
| **Supplier Website address** |  |
| **Email address (to receive remittance advice)** |  |
| **Supplier Contact Name and Number** |  |

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| --- | --- |
| **Bank Account – Bank/Branch/Suffix** |    /      /      |
| **Bank Account Name** |        |
| **Payment Term***The Agency’s payment terms are 10 business days following receipt of the invoice* | ​​ |
| **Attach Proof of Bank Account**  | *Internet Banking screen shot or Deposit slip. Bank Proof must include Bank name, logo, account number and account name.* |
| **Does a current contract exist between you and the Agency for this spend?** *If no you will need to accept the Agency PO T&C* |   |

I [insert name of supplier contact] confirm the information provided is true, accurate and in full.

**Where no current and relevant contract between Waka Kotahi and I exists.**

I accept Waka Kotahi’s Purchase Order Terms and Conditions for all purchases made by Waka Kotahi.

*If you have any questions or concerns with the PO Terms or Conditions, please email* *Procurement@nzta.govt.nz**.*

 

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| **Signature** |  |