

## SUPPLIER SETUP/AMENDMENT REQUEST FORM

**PLEASE TYPE OR USE BLOCK CAPITALS ONLY  
INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED**

**PLEASE TICK SETUP TYPE**

1 = Set-Up

2 = Amend


Supplier id

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<b>PLEASE TICK CATEGORY OF SUPPLIER</b>	1 =	Trade Supplier	
	2 =	Staff/Councillor	
	3 =	Higher Education Grants	
	4 =	Other Grants (Housing/Amenity etc.)	
	5 =	Other Local Authorities	
	6 =	Revenue Commissioners	
	7 =	Payroll Deductions (Unions/VHI/Credit Union)	
	8 =	Superannuation Award	
	9 =	Housing Loans	
	10 =	Miscellaneous Refunds	
	11 =	Landlord Payments – RAS	
	12 =	Landlord payments - Leasing	
<b>Supplier Name</b>	James Nolan Grace & Harvey Limited in Liquidation		
<b>Supplier Address</b>	15 Donn or Brownseshill Road		
	Co Carlow R93W3W9		
<b>Telephone No (s)</b>	086-8162790		
<b>Fax Number</b>			
<b>Email Address</b>	office.jpsn@gmail.com		
<b>VAT/PPS Number</b>	4240400TH		

Type of goods/service to be supplied

Refund of overpayment.

How much do you intend to pay this supplier? **€ 1,295.99**

If €10,000 or over has a Tax Clearance Certificate been requested?

Not required as payment is refund.

Have EFT details been requested?

Yes

Name of requestor

Kiran Jumde

Endorsed

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### For Accounts Payable use only

Category of supplier

Normal Payment Supplier

Professional Service (WH)

Subcontractor (CT)

Overseas landlord (RA)

Supplier id


Set up by: \_\_\_\_\_ Date: \_\_\_\_\_