



Department of Justice and Regulation

Finance – Invoice Management Team
Level 21 121 Exhibition Street
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DX 210220

Dear Supplier

Getting invoices paid on time

Dear Supplier

The department takes its obligation to pay its suppliers on time seriously. The State Government of Victoria generally defines 'on time' as payment within 30 days of the receipt of a correctly rendered invoice. To enable these terms to be met please note the following requirements – failure to follow these requirements may result in delays to payment:

- Invoices** rendered to the department must comply with the Australian Taxation Office requirements – <https://www.ato.gov.au/Business/GST/Issuing-tax-invoices/>
- Address** your invoices to the correct entity Victoria – the purchaser will know which entity is appropriate, make sure you ask.
 - o Department of Justice ABN 32 790 228 959 or
 - o Court Services Victoria ABN 63 392 984 660
- Quote** a reference on each invoice to ensure approvals can be easily obtained – no approval, no payment possible
 - o PO Number or
 - o Purchaser's full name or email address – note that the email address will more clearly identify the correct purchaser and provide you with confidence that the purchaser belongs to the department.
- Send** all invoices directly to the Invoice Management Team – the IMT – to ensure invoices are not lost or forgotten by the purchaser.
 - o Email: ap.invoices@invoice.justice.vic.gov.au
 - o Post:
Invoice Management Team, PO Box 1790, Melbourne, VIC 3001

The Minister of Finance has mandated that all payments to suppliers be made electronically. To facilitate this I have included a form to ensure you are receiving cost efficient, high security, low cost electronic payments.

Please contact the IMT for any queries regarding your account - email ap.queries@justice.vic.gov.au or Phone 03 8688 9400.

Yours faithfully

SANDRA FIRMAN
Manager Invoice Management Team

EXEMPT ENTITIES

The following entities will continue to be responsible for their own invoice processing so will not be covered by the instructions above. Please continue to send invoices direct to these entities.

- **Office of Public Prosecutions**
- **Office of the Victorian Privacy Commissioner**
- **Responsible Alcohol Victoria**
- **Victoria Police**
- **Victims of Crime Assistance Tribunal (VOCAT)**
- **Victorian Commission for Gambling Regulation**
- **Victorian Institute of Forensic Medicine (VIFM)**
- **Victorian Law Reform Commission**
- **Victorian Government Solicitors Office**
- **Victorian State Emergency Services**
- **Victorian Electoral Commission**
- **Victorian Responsible Gambling Foundation**



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SUPPLIER DETAILS FORM – EFT Payments

Directions for completion of this form:

1. Please complete all fields and print **IN LARGE BLOCK LETTERS** - it helps us get **YOUR** details correct.
2. Generic email addresses are preferred (eg. accounts@company.com.au) for remittance advices, as employee specific addresses can quickly become incorrect.
3. Please complete ALL Financial Institution details. The BSB code **MUST BE 6** digits. The Account Number can have a maximum of 9 digits.
4. To help verify banking details, a copy of a pre-printed deposit slip or other document is required.

ABN Number			
Entity Name (as it appears on the ABR) http://www.abr.business.gov.au/			
Trading Name (as it appears on your invoices)			
Postal Address	Suburb, town or city		State
			Postcode
Contact Numbers - Accounts	Phone Number ()	Fax Number ()	
Email Address – Accounts			
Contact Name – Accounts			
Head Office or Branch Store details?			

The department pays by EFT – please complete the details below:

(Please note, supporting documentation, eg a bank deposit slip, is required when providing or changing banking details)

Email address for remittance							
Account in the name of:							
BSB Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution Name							

I hereby request you to direct credit the above bank account for amounts owed by DOJ to the above named supplier. I certify the bank details I am providing are correct.

Name of company director or payee

Signature of company director or payee

Date: / /

Return the completed form to Accounts Payable:

Email to: ap.queries@justice.vic.gov.au
Or post to: DJR IMT, PO Box 1790, Melbourne VIC 3001

Any queries regarding this form please contact the Invoice Management Team on (03) 8688 9400

For IMT use only	Confirmed Name	Date	Confirmed Signature

