



The South African Association of Campus Health Services

PRO-FORMA INVOICE

Date:
To: (The name of the institution)
Tel:
Vat No:
Ref no: Abbreviation of the University, Initials and Surname
(e.g. UJ. MP Sokho)

Registration fee: SAACHS Annual Conference 2019

<u>Description</u>	<u>Quantity</u>	<u>Unit price</u>	<u>Tax</u>	<u>Net price</u>
Registration fees (names of delegates)		R 4,200.00	R0, 00	

Sub-total

Banking details:

Account name: SAA of Campus Health Service (SAACHS)
Bank name: ABSA
Account number: 4094546644
Branch Code: 632005
Account type: Cheque Account