

**SUPPLY AND DELIVERY OF PHARMACEUTICAL LIQUIDS, ALCOHOL, AND GLYCERINE TO THE DEPARTMENT OF HEALTH FOR THE PERIOD 01 FEBRUARY 2027 TO 31 JANUARY 2030**

**Annexure B**

**Invoice Minimum Data Requirements: Data Dictionary**

The following fields described in the minimum data requirements described must be included on all invoices for products delivered in terms of this contract.

**Invoice header (one of the three, as appropriate)**

<b>1</b>	<b>Field</b>	<b>Definition</b>
1.1	TAX INVOICE	For the original invoice, this must be the header
1.2	COPY TAX INVOICE (Supplier Copy)	For the copy tax invoice that will be held by supplier
1.3	COPY TAX INVOICE (Customer Copy)	For the copy tax invoice that will be held by facility

**Supplier information (not distributor's info)**

<b>2</b>	<b>Field</b>	<b>Definition</b>
2.1	Supplier Logo	Logo of the Supplier (not the distributor)
2.2	Supplier Name	As per Supplier name on contract
2.3	NDoH Supplier Code	For the supplier, as per the contract circular
2.4	CSD registration number (MAAA)	For Supplier name on contract
2.5	Company Registration #	For Supplier name on contract
2.6	VAT #	For Supplier name on contract
2.7	Distributor name	Name of authorised distributor

**Supplier contact information (not distributor's info)**

<b>3</b>	<b>Field</b>	<b>Definition</b>
3.1	Supplier address: Physical	Physical address of Supplier on contract
3.2	Supplier address: Postal	Postal address of Supplier on contract

**SUPPLY AND DELIVERY OF PHARMACEUTICAL LIQUIDS, ALCOHOL, AND GLYCERINE TO THE DEPARTMENT OF HEALTH FOR THE PERIOD 01 FEBRUARY 2027 TO 31 JANUARY 2030**

3.3	Queries: Contact Number	Telephone number of the department dealing with public sector queries, including returns
3.4	Queries: Email	E-mail address of the department dealing with public sector queries, including returns
3.5	Debtors: Contact Number	Telephone number of the debtors department dealing with public sector
3.6	Debtors: E-mail	E-mail address of the debtors department dealing with public sector

**'Deliver To' information**

<b>4</b>	<b>Field</b>	<b>Definition</b>
4.1	Account Number	The Supplier account number for the Invoice To entity
4.2	Facility Name	Name of facility as per Purchase Order
4.3	Demander code	Demander code as per Purchase Order
4.4	Master Health Facility Number (MHFL)	MHFL code as per Purchase Order
4.5	Delivery address	Delivery address as per Purchase Order
4.6	Name of person delegated to receive delivery	Name/Rank as per Purchase Order
4.7	Phone	Contact number of facility as per Purchase Order

**Invoice details**

<b>5</b>	<b>Field</b>	<b>Definition</b>
5.1	Invoice Number	Unique invoice number
5.2	Invoice number barcode	1D barcode containing the invoice number and symbology
5.3	Invoice Date	Date the invoice was generated
5.4	Page Number	A number indicating number of pages (e.g. Page 1 of 3)

**SUPPLY AND DELIVERY OF PHARMACEUTICAL LIQUIDS, ALCOHOL, AND GLYCERINE TO THE DEPARTMENT OF HEALTH FOR THE PERIOD 01 FEBRUARY 2027 TO 31 JANUARY 2030**

**Order details (as per Purchase Order)**

<b>6</b>	<b>Field</b>	<b>Definition</b>
6.1	Purchase Order Number	Order reference from the official authorised purchase order. There can only be one Purchase Order number per invoice.
6.2	Purchase Order barcode	1D barcode containing the Purchase Order number and symbology
6.3	Order Captured Date	Date on which order was captured by supplier
6.4	Special Instruction Notes as per PO	Special instructions as per Purchase Order (e.g. emergency order, to a specific person etc.)

**Invoice line information**

<b>7</b>	<b>Field</b>	<b>Definition</b>
7.1	Item Barcode	EAN 13 Barcode as it appears on a single sales unit
7.2	Generic Product Description	As per Contract Circular and Purchase Order
7.3	Brand Name	As per Contract Circular and Purchase Order
7.4	Contract#_Addendum#_Item#	<p>Name of Contract, relevant addenda (for prices) and item number as per Contract Circular: E.g. HP13-2013ARV_04_001</p> <p>The addenda number should have two placeholders</p> <p>The item number should have three place holders</p> <p>Item number should correspond with Generic Product Description</p>
7.5	Quantity Ordered	Original requested quantity as per Purchase Order
7.6	Quantity Supplied	The quantity of product delivered on this invoice
7.7	Batch number	If there are multiple batch number per product then each batch must appear on a separate line with the appropriate quantity
7.8	Expiry	If there are multiple expiry dates per product then each expiry must appear on a separate line with the appropriate quantity

**SUPPLY AND DELIVERY OF PHARMACEUTICAL LIQUIDS, ALCOHOL, AND GLYCERINE TO THE DEPARTMENT OF HEALTH FOR THE PERIOD 01 FEBRUARY 2027 TO 31 JANUARY 2030**

7.9	Unit price (VAT INC)	Unit Price as per Contract Circular or addendum which includes VAT and delivery, must be to 4 (four) decimal points.
7.10	Total	Unit Price multiplied by the delivered quantity

**Summary invoice line information**

<b>8</b>	<b>Field</b>	<b>Definition</b>
8.1	Total Ex VAT	To 2 (two) decimal points
8.2	VAT amount	To 2 (two) decimal points
8.3	Total	Sum of Ex and VAT, to 2 (two) decimal points

**'Invoice To' information**

<b>9</b>	<b>Field</b>	<b>Definition</b>
9.1	Pay office Name	Name of the entity holding the budget as per Purchase Order Invoice To address
9.2	Pay office Address	Address of the Invoice To entity as per Purchase Order.
9.3	VAT #	The VAT registration number of the entity buying the goods as per Purchase Order
9.4	Pay Office Phone	Telephone number of the Invoice To entity as per Purchase Order

**'Goods Received By' information (Proof Of Delivery information)**

<b>10</b>	<b>Field</b>	<b>Definition</b>
10.1	Date	Date goods were received
10.2	Name Print	Name of person receiving and signing for goods
10.3	PERSAL #	PERSAL number of person receiving and signing for goods.
10.4	Signature	Signature of person receiving and signing for goods.
10.5	Number Cartons Received	Indicate the number of cartons received for the invoice.

**SUPPLY AND DELIVERY OF PHARMACEUTICAL LIQUIDS, ALCOHOL, AND GLYCERINE TO THE DEPARTMENT OF HEALTH FOR THE PERIOD 01 FEBRUARY 2027 TO 31 JANUARY 2030**

10.6	Facility stamp	Sufficient space to allow the facility to stamp the invoice without obscuring any detail on the invoice.
10.7	GRV number	Space for Goods Received Voucher number to be recorded on the invoice
10.8	Claim Reference Number	Number of claim reference associated with delivery if relevant