

NEW LEASE CHECKLIST

Our Reference _____

Leasing Company Name _____

Lease reference number _____

Contact Number for lease _____

Description of item _____

Trade in item description (If applicable) _____

Balance of old lease (if applicable) _____

Copy of Suppliers Invoice received
(the invoice is always made out to the
leasing company but you need a copy)

Yes No

Number of leasing payments _____

Number of leasing payments paid up front
(if applicable) _____

First Payment Date _____

Last Payment Date _____

Leasing Schedule for year received
(Photocopy this 12 times, one for each
month and use this as your purchase
invoice for each relevant month)

Yes No

Supplier Account setup up on accounts
system

Yes No

Account system supplier a/c code _____

Completed by: _____

Date: _____

Provided by:



HELP FOR BOOKKEEPERS