



Institute of
Microelectronics
A*STAR

FINANCE SHARED SERVICE

Sales Order Creation Form

Name of RI	INSTITUTE OF MICROELECTRONICS
Name of Requestor & Department / Programme	Shane Todd, GaN
Contact numbers (Telephone / Fax / Email)	6770-5790/ 6773-1914/ toddst@ime.a-star.edu.sg

Customer Name	Huawei International Ptd Ltd
Customer Address (Billing Adress)	20 Science Park Road, #02-06/10, Teletech Park, Singapore Science Park II, S 117674
Attn to, Tel no., Fax no. & Email Add	Eugene Ting, Tel: 68254200, Fax: 67779630, or Evelyn Lim (Finance Manager)
Customer Code (if any)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A*SAP WBS Number	IME / 09 - 370002
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Please Tick and Fill in Accordingly: Tick if Not Applicable

A*SAP Quotation Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
A*SAP Value Contract Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
Will A*SAP Delivery Order be Required	(YES / NO)	

Tick where applicable (at least 1 must be attached)

Copy of customer signed Quotation (mainly Services)	<input type="checkbox"/>
Copy of customer signed Agreement or Contract (mainly Projects and Contracts)	<input type="checkbox"/>
Copy of Customer Purchase Order	<input type="checkbox"/>

Billing Descriptions and Dates (Please note that all information entered here will be used during invoicing to the customer. Please ensure clarity and completeness of information provided.)

Description	Estimated Billing Date	Quantity	Unit Price	Total
			Amount (S\$)	(excl. GST) Amount (S\$)
Characterization and Modelling				
Full payment upon PO	30-Oct-11	1	7,500.00	7,500.00

RI Approval			
	Name	Signature	Date
Requestor	Shane Todd		19-Sep-11



Institute of
Microelectronics
A*STAR

FINANCE SHARED SERVICE

Business Manager/Group Manager/Programme Head	Patrick Lo Guo Qiang		19-Sep-11
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RI Finance

A*SAP Revenue Type (Please Tick)

Project & Consultancy Fees	<input type="checkbox"/>	1 0 0 0 0 8
Service Fees	<input type="checkbox"/>	1 0 0 0 1 0
Unearned Income	<input type="checkbox"/>	6 5 0 0 0 1

Sales Office (A*SAP "Lab")	_____	Tick if Not Applicable <input type="checkbox"/>
Sales Group (A*SAP "Cost Centre")	_____	<input type="checkbox"/>
Fund Type	_____	<input type="checkbox"/>

	Name / Email Address	Signature	Date
RI Finance			

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A*SAP Sales Order Number :

Created By and Date	Verified By and Date
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Sales Order Creation Form - FAR 002
**(print in black and white)*