

FM051: Treasury payment request

Rules

- This form must be used to request:
 - Vendor payments more than R5 million
 - Debtors Customer refunds
 - Standard monthly requests e.g. SARS, City of Cape Town, Discovery
 - Third Party requests

Instructions

- Note: This is a fillable PDF form with form fields which must be opened and completed in Adobe Acrobat Reader.
 Do not use Fill & Sign to add fields as this will disable all the existing fields. Any remaining, incomplete fields will become unusable. When signing, click in the Signature field to insert an image of your signature.
- Ensure that the required supporting documentation is attached for requests, i.e. for:
 - Vendor payments more than R5 million: Attach duly authorised MM010, Vendor invoice, Purchase Order, SAP printout of vendor bank details.
 - **Debtors Customer refunds:** Attach customer's proof of payment, bank stamped statement or bank stamped audit report.
 - Standard monthly requests: Attach bank account number/CDI number, as well as relevant documents.
 - Third Party requests: Attach proof of payment and bank stamped statement or bank stamped audit report.
- For payment to be made, ensure that all applicable details are correct and all relevant signatories have signed.
- Send the completed form to the relevant authorising department: Creditors, Debtors, HR, Treasury for sign off.

A. TO BE COMPLE	ETED E	BY RE	ΕQI	JESTE	R (OR	THE	IR D	ELEG	ΑT	E)										
A1. PAYEE DETAILS	(must	be co	omp	oleted)																
Name of Account																				
Bank Name					Branch Code															
Account Number																				
A2. PAYMENT DETA	ILS (m	ust be	e co	mplete	d)															
Reason for request																				
Amount	Payment date																			
Amount in words																				
Bank Reference																				
A3. CUSTOMER OR VENDOR DETAILS (if applicable)																				
Customer Number						Cust Receipt Reference 14					14									
Vendor Number							Purchase Order PO													
A4. REQUESTER DE	TAILS	(must	t be	differe	nt to th	ne Pay	/ee)													
Dept Name								Request Date												
Email																				
 Note: Signing instructions: Do not use <i>Fill & Sign</i> to sign as this will disable all form making any remaining, incomplete fields unusable. To sign: Select <i>Sign method</i> and click in <i>Signature</i> fieleither <i>Insert image</i> of your signature or <i>Apply digital</i> signature. 					eld to	signing?				Insert image (default)					Apply digital signature					
	Name of requester S				Sigr	n met	thod		Signature						Date					
Requested by	Requested by				[<u></u>		Ø												



Release

Payment

Release Payment Date

SAP Clearing Doc No.

Clearing Date

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B. TO BE COMPLETED BY RELEVANT AUTHORISING DEPARTMENT AND SUBMITTED TO TREASURY																		
 Note: Signing instructions: Do not use Fill & Sign to sign as this will disable all form file making any remaining, incomplete fields unusable. To sign: Select Sign method and click in Signature field to either Insert image of your signature or Apply digital sign 									l to	signing?			Insert image (default)					
B1. CREDITORS (authorise and submit to Treasury) – must be different to the Requestor																		
SAP Document no. 51									Blocked for payment?							N		
I have checked that the information supplied is correct and complete. I request that Treasury effect the electronic payment as requested.																		
Name						Sign m		Signa	ture	Date	Date							
Email								0	ì									
The following fund/cost object to be used for a service fee, where applicable (attach Fund Holder authorisation):																		
Item DR/CR Fund Cost Object								GL Acc	Amo	ount	Text							
1	DR							1940	500	00.00 Bank charges		for ele	or electronic trsf request					
2	CR	004709 FND1020					1940	500	0.00	Bank charges	for ele	ectronic trsf request						
B2. D	EBTOR	S (auth	orise	and s	submi	t to T	<u>reası</u>	ury) –	must be	e diffe	rent	to the	Requestor					
I have checked that the information supplied is correct and complete. I request that Treasury effect the electronic payment as requested.																		
Name						Sign method			Signature			Date						
Email																		
B3. S	TANDAI	RD MO	NTHL	Y RE	QUES	TS (a	utho	rise a	nd <u>subn</u>	nit to	<u> Freas</u>	sury) ·	– must be diffe	erent t	o the	Req	uestor	
I have checked that the information supplied is correct and complete. I request that Treasury effect the electronic payment as requested.														nic				
Dept	Name																	
Name)							Sign m		Signa	ture		Date					
Email											2							
B4. THIRD PARTY REQUESTS (authorise and submit to Treasury) – must be different to the Requestor																		
I have checked that the information supplied is correct and complete.																		
Name	;							Sign method		Т	Signa	ture		Date				
Email								A										
C. TO	BE C	OMPL	ETED	BY.	TREA	SUR	Υ											
								Releasir	ng ope	erator		Name			Signature			
Online Creditor					1st Rele	asing	Oper	ator										

2nd Releasing Operator

1st Releasing Operator

2nd Releasing Operator

Releasing operator

Name

Signature