# FM054 - Request for Instant Money

### 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.
- Send the completed form to the Faculty/Pass Finance Officer for sign off, at least one week before payment is required.
- Please refer to the GL expense guideline for assistance with inputting a GL Account in the section A. Payment details
- Ensure that the required supporting documentation is attached for the applicable payment type. If *Prize*, *Patient incentive*, *Student assistance*, *Subsistence*, *Mileage/travel*, or *Other* is selected, see \* Note below for details .
- Ensure that ALL relevant signatories complete section B and section C...
- For payment to be made, ensure that all cell phone numbers are valid South African numbers.

### Rules

- Only requests signed off by the Faculty/PASS Finance Manager will be processed.
- Cash payments are subject to a limit of R5 000 per person, to the nearest R10.
- Cash payments greater than R5 000 require a letter of motivation to the Faculty/PASS Finance Manager, specifying why
  the amount cannot be paid via the SAP vendor route. The motivation must be attached to the Instant Money request
  documentation.
- Note: For policy details, see: Mobile Payments Policy.

#### **Process**

- Payments will be paid via Standard Bank Instant Money (IM).
- Recipients will receive a voucher number via SMS that can be redeemed at Standard Bank auto banks and other authorised retailers.

### A. Payment details

Payment to role (Please select one)	Students	Research participants	External parties
Payment type	Prize*	Patient incentive*	Student assistance*
(Please select one)	Subsistence*	Clubs & societies	Research/survey participant*
	Mileage/travel*	Other (please specify) *	

\* Note: If you selected the payment type:

- Prize, attach a copy of the prize awarded including name of recipient and amount.
- Patient incentive, attach a copy of the notification of the amount payable per person.
- Research/survey participant, attach a copy of the notification of the amount payable per person.
- Student assistance, attach a copy of approved request including student name and amount.
- Subsistence or Mileage/travel, complete and attach the Instant Money Subsistence and Mileage Detail supporting spreadsheet.
- Other, attach suitable supporting documentation.

# Reason for IM payment request

Payee name (Note: Attach spreadshe	eet if >10 recipients)	Amo	unt	GL Account	Student no. (if applicable)	Cell no.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
	TOTAL					
Fund no.	Cost	obiect			Bank charges	

Note: Complete the Requester declaration on page 2.



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Requester declar	ation						
this is a valid red	accorda quest for	nce with the rules of the funding, Instant Money, and rovided have been correctly entered	d on this requ	est.	Relea of pay (if NO imme	T	
Requested by	Name		Signature			Date	

## B. Fund holder authorisation for IM payment

Fund holder auth	orisation		
	ty that: umbers provided have been correctly entere e spent in accordance with the motivation ne		
Fund Holder	Name	Signature	Date

# C. Faculty/PASS Finance Manager authorisation for IM payment

Fac	ulty/PASS Fin	ance M	anager authorisation				
	firm that:  this is a vali	id request	t for Instant Money, and				
•			onciliations and controls are in p	lace to effect ar	nd clear this payment.		
	Approved		Rejected (provide reason)				
	ılty/PASS nce Manager	Name		Signature		Date	

### D. Capturer declaration

Capturer decla	aration				
the details of	-	floney request have b	peen correctly entered o	on the Standard	Bank system.
PO number		Batch number		Date of upload	to Standard Bank
Capturer	Name		Signatu	ıre	Date