



## PURPOSE

- When requesting a PCard holder to purchase goods/services, based on the below approved Purchase request.
- [Purchasing thresholds policy](#) applies to **ALL** purchases.

## NOTES:

- 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.
- This form applies only to requests of R100,000 or less. For amounts exceeding R100,000, please complete an [MM010](#) to obtain the additional authorisations required for PCard payment
- The PCard holder may proceed with procuring the item listed on this form, including any delivery fees, once it has been signed, approved, and submitted by the Fund Holder.
- If the delivery fees or item cost **exceed 10% of the approved amount**, additional authorisation from the Fund Holder is required, see [section 6](#).
- Only PDF supporting documents will be accepted.
- Send the completed form to the relevant Pcard holder for processing.

## 1. VENDOR DETAILS

Vendor		Website URL	
Email		For attention of	

## 2. REQUESTOR & ORDER DETAILS

<b>Note: Signing instructions:</b> <ul style="list-style-type: none"><li>Do not use <b>Fill &amp; Sign</b> to sign as this will disable all form fields, making any remaining, incomplete fields unusable.</li><li><b>To sign:</b> Select <b>Sign method</b> and click in <b>Signature</b> field to <b>either Insert image</b> of your signature <b>or Apply digital signature</b>.</li></ul>										<b>How are you signing?</b>		Insert image (default)	Apply digital signature
	Name	Cell number	Staff/student no.				Sign method		Signature		Request date		
Requester													
Department / Society / Club / Residence													
Delivery deadline		Delivery address											



### 3. ITEM DETAILS

Item detail (include catalogue numbers where appropriate) or attach a detailed quote or invoice	Purpose (e.g. Catering for meeting)	Qty	Maximum or Quoted <b>UNIT</b> price (excl. VAT)	Maximum <b>TOTAL</b> price (excl. VAT)	For UCT purposes only					
					Cost Center/ Real Internal Order		Fund			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
TOTAL AMOUNT OF REQUEST (excl. VAT)										
VAT										
TOTAL AMOUNT (incl. VAT)					<b>Note:</b> Approval limits are based on VAT inclusive totals					
TOTAL AMOUNT OF REQUEST (incl. VAT) - including 10% price variation					<b>Note:</b> Approval limits are based on VAT inclusive totals					



#### 4. FOR FLIGHT BOOKINGS ONLY

#	Name of Traveller	Departure date	Arrival date	ID number of Traveller	Cell number of Traveller	Email of Traveller
1						
2						
3						
4						
5						

#### 5. FOR UCT ADMINISTRATIVE PURPOSES ONLY

<b>Note: Signing instructions:</b> <ul style="list-style-type: none"> <li>Do not use <b>Fill &amp; Sign</b> to sign as this will disable all form fields, making any remaining, incomplete fields unusable.</li> <li><b>To sign:</b> Select <b>Sign method</b> and click in <b>Signature</b> field to <b>either Insert image</b> of your signature <b>or Apply digital signature</b>.</li> </ul>					<b>How are you signing?</b>		Insert image (default)		Apply digital signature				
<i>By approving, I confirm that this is a valid business expense at the quoted value, and that it may be posted based on the financial data provided.</i>													
		Name			Staff no.			Sign method		Signature		Date	
*Fund Holder													
<i>By actioning this, I confirm that all relevant UCT policies have been appropriately applied to this transaction.</i>													
		Name			Staff no.			Sign method		Signature		Date	
PCard Holder													
<i>By signing this, I confirm the transaction amount (see below) and confirm that all relevant supporting documentation has been uploaded (<a href="#">MM031a</a>)</i>													
Amount		*>10% of initial amount?		Name of uploader			Sign method		Signature		Date		
		<input type="checkbox"/> Yes <input type="checkbox"/> No											

**\*Note:** If the amount is >10% of the initial amount authorised, the fund holder must complete [section 6](#)

#### 6. FOR UCT ADMINISTRATIVE PURPOSES ONLY (only if expense > 10% of initial amount authorised)

<i>By approving, I confirm that the additional expense over and above the 10% variation be posted in accordance with the financial data provided.</i>													
		Name			Staff no.			Sign method		Signature		Date	
Fund Holder													