MM010 – Purchase order request

This form:

* **Must** accompany all requests for **purchase orders unless** a **specific** **form** is used (see *SPECIFIC FORMS* section below)(See: [PPP002 – Threshold values for purchasing](https://uct.ac.za/sites/default/files/media/documents/uct_ac_za/48/ppp002.pdf) and [GEN002 - Delegated Authorities](https://uct.ac.za/sites/default/files/content_migration/uct_ac_za/48/files/gen002.pdf)).
* **Must** accompany all requests for **purchase orders for service contracts** **irrespective of value**; copy of contract to be attached.
* **May** be used for a purchase order of any value, based on departmental processes. If it is not used then an email approval from the Fundholder is required or [MM009](http://forms.uct.ac.za/mm009.doc) blanket approval.

Send the completed form to your Departmental Purchasers. Note: PO number and INVOICE are required for payment.

## Back-up purchasing services: Where no departmental purchaser is available, email the authorised MM010 form to: [fnd-purch@uct.ac.za](mailto:fnd-purch@uct.ac.za) .

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| **SPECIFIC FORMS** | | **Staff payment requests** | | | | | | [FM032](https://forms.uct.ac.za/fm032.xlsx) | | | Subsistence and / or travel | | | | | [FM031](https://forms.uct.ac.za/fm031.xlsx) | | Sundry or fieldwork advances | | | | | | | [FM030](https://forms.uct.ac.za/fm030.xlsx) | | | | Mileage reimbursement | | | | | | | [FM045](https://forms.uct.ac.za/fm045.xlsx) | | | | Reimbursements (other than mileage OR subsistence and / or travel | | | | | | | | | |
| **Special purchase orders** | | | | | | [AS001](https://forms.uct.ac.za/as001.pdf) | | | Assets | | | | | [FM049](https://forms.uct.ac.za/fm049.xlsx) | | Reimbursement (UCT external) | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | |
| A. ORDER DETAILS  **Note:** Purchasers are required to make use of the [Preferred vendors](https://www.staff.uct.ac.za/staff/finance-procurement-payment-services-uct-vendors/preferred-vendors) list when requesting an order. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requester | | Name |  | | | | | | | | | | | | | Tel. | | |  | | | | | | | | Signature | | |  | | | | | | | | | | Date | |  | | | | | | |
| **Department** | |  | | | | | | | | | | | | **Purchasing group** | | | | |  | | | | | | | | | | | | | | | **Vendor number** | | | | | |  | | | | | | | | |
| B. ITEM DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item details: Invoice/ Quotation number short description of the item purchased (40 characters) | | | | | | | | | | | Qty. | | **Unit net amount in original currency (excl. VAT)** | | | | | | | | **Currency** | | | | **Total ZAR amount  (excl. VAT)** | | | | | | | **Fund number** | | | | | **Cost center/  Real internal order** | | | | | **GL account number** | | | | | | |
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| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |
| C. AUTHORISATION Additional authorisation required as per Financial authority limits [(GEN002)](https://uct.ac.za/sites/default/files/content_migration/uct_ac_za/48/files/gen002.pdf). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The correct vendor selection procedure was followed for this purchase order value according to the [Threshold policy](https://uct.ac.za/sites/default/files/media/documents/uct_ac_za/48/ppp002.pdf) (PPP002).  (Above R100 000 – two written quotes; above R500 000 – three written quotes; above R1 000 000 – tender via PPS. Quotes attached; see policy for exceptions). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  | |
| Is there a conflict of interest? | | | | YES | |  | | NO |  | | | If yes, please provide details | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note to fund holder:** Fund holder, by signing this expense you are aware and confirm that there is no direct conflict and the vendor is **not** a UCT staff member**.** If the vendor is a UCT staff member, please contact Vendor Management. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fund holder | | | | | | | | | | | | | | | | | | | | Name | |  | | | | | | | | | Signature | | | | |  | | | | | Date | |  | | | | | |
| Above R100 000: Unit Head  (Unit Head - Dean/GSB Director or ED/Director: PASS Department/CFO) | | | | | | | | | | | | | | | | | | | | Name | |  | | | | | | | | | Signature | | | | |  | | | | | Date | |  | | | | | |
| **Above R2 000 000: DVC Research/CFO** | | | | | | | | | | | | | | | | | | | | Name | |  | | | | | | | | | Signature | | | | |  | | | | | Date | |  | | | | | |
| D. PROCESSING DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Order created by: | | | | |  | | | | | | | | | | | | | PO number: | | | | |  | | | | | | | | | | Date: | | | | |  | | | | | | | | | | |