



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 (Please select one)	Prize*	Patient incentive*	Student assistance*
	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 spreadsheet if > 10 recipients)	Amount	GL Account	Student no. (if applicable)	Cell no.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				
Fund no.	Cost object	Bank charges		
Note: If grant conditions do not permit bank charges to be charged to project fund, please enter another fund and cost object.				
Charge bank charges to:	Fund no.	Cost object		

Note: Complete the [Requester declaration](#) on page 2.



Requester declaration

I accept responsibility that:

- *this request is in accordance with the rules of the funding,*
- *this is a valid request for Instant Money, and*
- *the cell phone numbers provided have been correctly entered on this request.*

Release date
of payment
(if **NOT**
immediate)

Requested by

Name

Signature

Date

B. Fund holder authorisation for IM payment

Fund holder authorisation

I accept accountability that:

- *the cell phone numbers provided have been correctly entered on this request, and*
- *the money will be spent in accordance with the motivation noted above.*

Fund Holder

Name

Signature

Date

C. Faculty/PASS Finance Manager authorisation for IM payment

Faculty/PASS Finance Manager authorisation

I confirm that:

- *this is a valid request for Instant Money, and*
- *all the necessary reconciliations and controls are in place to effect and clear this payment.*

Approved

Rejected (provide reason)

**Faculty/PASS
Finance Manager**

Name

Signature

Date

D. Capturer declaration

Capturer declaration

I accept responsibility that:

- *the details of the Instant Money request have been correctly entered on the Standard Bank system.*

PO number

Batch number

Date of upload to Standard Bank

Capturer

Name

Signature

Date