



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 written approval 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

Note: Signing instructions: <ul style="list-style-type: none">Do not use Fill & Sign to sign as this will disable all form fields, 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 signature.										How are you signing?		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 UNIT price (excl. VAT)	Maximum TOTAL 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)					Note: Approval limits are based on VAT inclusive totals					
TOTAL AMOUNT OF REQUEST (incl. VAT) - including 10% price variation					Note: 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

Note: Signing instructions: <ul style="list-style-type: none"> Do not use Fill & Sign to sign as this will disable all form fields, 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 signature. 					How are you signing?		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 (MM031a)</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													