## INSTRUCTIONS

This form is used when a department needs to place an order with a local vendor who is not a UCT SAP vendor and will be used on a once off basis.

When completed, the **department must send page 1 and 2, plus the original document with proof of vendor’s bank details, to PPS vendor management, 2nd Floor Meulenhof (previously known as Shell Court), 93 Main Road, Mowbray**. Contact [Khaya.Mbulawa@uct.ac.za](mailto:Khaya.Mbulawa@uct.ac.za) for queries. PPS will create the Temporary vendor on SAP and you will be informed of the SAP vendor number. The purchaser can then create the purchase order.



Temporary vendors will be blocked after 3 purchase orders. If the vendor is to be used again, even only on an annual basis, use the [**MM002**](http://forms.uct.ac.za/mm002.doc) form to request them to be loaded as trade vendors.

*Page 1 – This page must be completed by the department.*

*Page 2 and 3 – The department must send these pages to the vendor; page 2 is for completion by the vendor and page 3 is for their information regarding SARS and UCT invoice requirements.*

**See also**: Threshold policy ([PPP002](http://www.uct.ac.za/usr/finance/pps/ppspol/ppp002.pdf)) for required quotation and tender procedures and Delegated authority limits policy ([GEN002](http://www.uct.ac.za/usr/finance/policies/gen002.pdf)) for authorisations of **purchases above R50,000 and R500,000**. Use the [MM010](http://forms.uct.ac.za/mm010.doc) form to record authorisation.

## VENDOR NAME AND REQUESTER DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor name |  | | |
| Requester name |  | Tel |  |
| Purchaser name |  | Tel |  |

## ITEM DETAILS

I would like to purchase the following items from this vendor (see attached quotes if obtained):

|  |  |
| --- | --- |
| ***Item*** | ***Description*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I have checked the [Preferred vendor list](http://www.uct.ac.za/usr/finance/pps/vendors/prefvend.pdf) and there is no existing preferred/trade vendor for this commodity.

|  |  |  |
| --- | --- | --- |
| Name: | Signature: | Date: |

***PPS vendor management authorisation***

|  |  |  |
| --- | --- | --- |
| *Name:* | *Signature:* | *Date:* |

***Master Data processing***

|  |  |  |
| --- | --- | --- |
| *Vendor created by:* | *Vendor no:* | *Date:* |
| *Details checked by:* | *Signature:* | *Date:* |
| *Requester informed:* | | *Date:* |

# Temporary vendor application form

Please complete this form so that you may be paid directly into your bank account as a temporary UCT vendor.

Return the completed form, plus original supporting documents, to the UCT department requesting your goods/services.



Temporary vendors will be blocked after 3 purchase orders. The UCT department must then use the [**MM002**](http://forms.uct.ac.za/mm002.doc) form to request that you are loaded as a trade vendor. See also attached invoice requirements as specified by SARS and UCT (page 3).

## UCT DEPARTMENT DETAILS (to be completed by UCT department)

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name |  | Faculty/Area |  |
| Department |  | Tel |  |
| Email |  | | |
| Physical address |  | | |

## VENDOR DETAILS (to be completed by vendor)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registered name of company | |  | | | |
| Trading name (if applicable) | |  | | | |
| VAT registered? | Yes | No | If yes, provide VAT registration no. | |  |
| BEE accredited? | Yes | No | If yes, state BEE level | |  |
| Postal address |  | | | City |  |
| Postal code |  |
| Street address |  | | | City |  |
| Postal code |  |
| Tel |  | | | Fax |  |

## BANKING DETAILS (Attach an original cancelled cheque OR an original stamped letter from your bank.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Account name |  | | | | | |
| Bank name |  | | | Bank account no. |  | |
| Branch name |  | | | Branch no. |  | |
| Type of account | Current |  | Savings |  | Transmission |  |

## COMPANY RELATIONSHIPS WITH UCT

|  |  |  |  |
| --- | --- | --- | --- |
| Are any of the directors, shareholders, members or proprietors, or any of their family members, employed by the University of Cape Town? | | Yes | No |
| If ‘Yes’, provide details |  | | |
|  | | |

## DECLARATION

I declare that all the above information and the attached documents are true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date: |  |
| Position in company |  | E-mail address |  | | |

# Overview: UCT and SARS invoice requirements

**Background**

UCT auditors have highlighted the fact that many of the invoices received by our Creditors Department for payment do not comply either with UCT audit requirements or those of SARS where non-compliance could result in penalties payable by UCT.

As such it is critical that vendors ensure that invoices meet ALL the requirements listed below. Where they do not comply, they will be returned to the vendor until a valid invoice is received, resulting in delayed payments.

**UCT invoice requirements**

1. The UCT order number is required on all invoices. UCT will not be held liable for payment if a purchase order number is not quoted on the invoice.
2. Original tax invoices must be provided. Photocopies and faxes of invoices are not allowed.
3. Emailed PDF formatted invoices are allowed
4. A ‘systems generated’ Copy Tax Invoice (printout or e-mail) with the words "Copy tax invoice" must be submitted if the original tax invoice has gone astray.
5. No payments are made against quotations.
6. Where advance payment is essential a Pro Forma invoice is required.

**SARS invoice requirements**

**A. Vendor information**

1. Vendor’s full name and address
2. Vendor’s telephone number and fax number (if applicable)
3. Invoice number and invoice date
4. Company/CC registration number or provisional tax payer’s number (for sole traders)
5. The words "Tax Invoice" and the VAT registration number, if the supplier is registered as a VAT vendor for VAT purposes
6. If a Non-Vatable Vendor do not use a Tax invoice

**B. UCT information**

1. Invoices to be addressed to University of Cape Town and not to individuals or departments.
2. Name, department and physical address of recipient of goods/services.
3. UCT Vat registration number is required on all invoices; please quote:

University of Cape Town - VAT NO 4540125707

1. Description of goods/services provided including quantities and price.
2. Total amount and VAT amount (where VAT applies)

**Postal address for invoices**

University of Cape Town, Creditors, Private Bag X3, Rondebosch, 7700