

Please have this F12 signed by a person with signing rights and fax it back to:  
Henda Britz, Fax 012 3185793 Tel: 012 3185431

F12

<b>Aan/To:</b> Snr Financial Accountant Financial Control Building 21	<b>Van/From:</b> _____ _____ _____
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**ORPLASING / REGSTELLING VAN FONDSE  
TRANSFER / CORRECTION OF FUNDS**

The following transfer/correction of funds/expenditure of the cost centers and accounts given below are herewith requested:

\*Please note: This form may not be used for the transferring of budget funds. Please use form F93 for that purpose.

Debiteer/Debit		Bedrag/Amount	Krediteer/Credit	
Ent.	Rek/Acc		Ent.	Rek/Acc
			D814	0455

**This F12 serves as a registration form for a software course:**

Name/(s) : \_\_\_\_\_

Department : \_\_\_\_\_ Tel. \_\_\_\_\_

Course name : \_\_\_\_\_

Date of course : \_\_\_\_\_

**Please take note:**

- A R50 lab fee is payable when you book for the software training.
- Besides the lab fee, the software training for TUT staff is free of charge.
- PLEASE TAKE NOTE: If a person fails to attend or cancel 48 hours before the scheduled date, then he/she will be held liable for the market-related course fee (your entity will then be debited).
- As soon as we have received your signed F12 booking form, your booking will be confirmed.

**GOEDKEURING VIR DEBIET**  
**APPROVAL FOR DEBIT**

\_\_\_\_\_  
AUTHORISED SIGNATURE

\_\_\_\_\_  
AUTHORISED NAME

\_\_\_\_\_  
DESIGNATION

DATE: \_\_\_\_\_

**GOEDKEURING VIR KREDIET**  
**APPROVAL FOR CREDIT**

\_\_\_\_\_  
AUTHORISED SIGNATURE

**MJ LE GRANGE**  
AUTHORISED NAME

**DIRECTOR: CCPD**  
DESIGNATION

DATE: \_\_\_\_\_