



Please complete and return to:

Accounts Payable

Building 21, Room 168, Pretoria Campus

PROOF SIGNATURES FOR THE FOLLOWING COST CENTRES:

NAME OF FACULTY/DEPARTMENT/DIVISION:

COST CENTRE	COST CENTRE	COST CENTRE	COST CENTRE	COST CENTRE

Approved by VC/DVC/Registrar/Executive
Dean/CFO/Executive Director:

.....

Print Name:
(must be completed)

PROOF SIGNATURE SPECIMENS: (Please ensure that claims reflect the specimens according to signing authority)

Signatory 1

Personnel no:

.....

Name in print

Dated:

Signatory 2

Personnel no:

.....

Name in print

Dated:

Signatory 3

Personnel no:

.....

Name in print

Dated:

Signatories are required to acquaint themselves with the preconditions of purchasing on various levels as indicated in FINPOL031.

NB: A Sub-ordinate may not approve any claim of the Supervisor/Head of Department. Such claims must escalate for approval by the Head of Departments' Supervisor (Executive Dean, Director, Deputy Vice-Chancellor or VC). The signatories confirm that they are acquainted with the Financial Rules of the Tshwane University of Technology as contained in the officially approved policies and procedures. Additional signatures may be listed and submitted separately for approval. Changes or any staff members appointed in acting capacities must be added to the system by means of completing an additional form, stipulating the dates concerned.

SIGNATURES ARE VALID FROM: TO/...../2019 ONLY.

Office use only:

Verified:	Captured:
-----------	-----------