

BYLAE A

SUBSISTENCE AND TRANSPORT CLAIM

DEPARTMENT **W C E D**

Claim No.:

Persal user id:

ADVANCE TAKEN YES NO

Date captured:

AMOUNT ADVANCED R

Approved: Persal user id

Date approved:

CLAIMED BY

Surname & Initials

PERSAL No.

Office

DATE FROM **2 0 1 8 0 2 1 7**
Y Y Y Y M M D D

DATE TO **2 0 1 8 0 2 1 7**
Y Y Y Y M M D D

ALLOCATION

RESPONSIBILITY **2 1 7 4** OBJECTIVE **0 1 0 0 2 6**

DESCRIPTION (Persal function # 5.3.11)

	PERSAL CODE	AMOUNT
		R C C
S & T Allowance daily tariff - amount does not exceed limit set by SARS (No receipts)	0 4 3 6	
S & T Allowance daily tariff - amount does exceed limit set by SARS (No receipts)	0 4 4 3	
S&T Actual Expenditure (Meals)	0 5 8 8	
S&T Actual Expenditure (Accommodation)	0 4 6 2	
S & T General Public Transport Exp.	0 4 6 3	
S & T: Parking exp.	0 4 6 4	
S & T: Toll fees	0 4 6 5	
Telephone calls: official calls only (itemized bill)	0 4 6 6	
Travel allowance: >8000 km's/pa (use of private vehicle)	0 4 6 9	
Travel allowance: <8000 km's/pa (use of private vehicle)	0 4 7 0	
S & T Overseas: daily tariff amount does exceeds amount set by SARS (No receipts)	0 4 4 4	
S & T Overseas: amount does not exceeds limit set by SARS (No receipts)	0 4 7 3	
S&T Actual Foreign Expenditure (Accommodation)	0 4 7 6	
S&T Actual foregn Exp (Meals)	0 5 8 9	
S & T: Petrol Allowance	0 5 1 5	
S&T: Accommodation (Members)	0 5 0 5	
S&T: Motorfin (SMS Members)	0 0 9 3	

LESS Advance: S & T (full amount received) **0 0 4 3**

* Due to/by you

(For record purposes only) Receipt number Date Amount R C C

DETAILED CLAIM INFORMATION

Description	Date From	Date To	Time From	Time To	Number of Days	Hours	Rate	Amount
LOK SIMPOSIUM	17/2/2018	18/2/2018						
Privaalmotorvervoer (Z43 aangeheg)								
Total Amount of Claim								
Less Total Amount of Advance								Nil
Nett Amount of Claim								*

CERTIFICATE

I certify that I was actually and necessarily employed traveling or detained on public service during the period(s) stated above, that the charges are in accordance with the authorized rate and that the incidental expenses have been actually and necessarily disbursed.

APPLICANT		CERTIFIED CORRECT		APPROVED IN ACCORDANCE WITH PTI 8.3.6.3 & 8.3.6.6	
Signature Applicant	Rank	Signature: Checking Officer	Rank	Signature:	Rank
Surname & Initials	Date	BANDA, CJ	Date	SCHREUDER, GR	Date
		Surname & Initials	Date	Surname & initials (Block letters)	Date

SELFOONNUMMER:

EIS TEN OPSIGTE VAN REISE MET PRIVAATVERVOER OP AMPTELIKE DIENS
CLAIM IN RESPECT OF OFFICIAL JOURNEYS UNDERTAKEN BY PRIVATELY OWNED MOTOR TRANSPORT

Claimed by (<i>in block letters</i>) Geis deur (<i>in blokletters</i>)	Departement van Department of WKOD
Rank Rang	
Address (to which warrant voucher must be sent) Adres (waarheen skatkisorder gestuur moet word)	Month Maand FEBRUARIE
Headquarters Hoofkwartier /	Vir Rekenmeester / for Accountant Eis / Claim No.

BESKRYWING VAN VOERTUIG • DESCRIPTION OF VEHICLE

Fabrikaat van motor Make and model	Jaar van vervaardiging Year of manufacture	Tipe (motor, motorfiets, bromponie, ens) Type (motor-car, motor cycle, scooter.)	Registrasie- nommer Registration number	Enjinslag, volumegroep in cm ³ Engine swept volume group in cm ³

OPSOMMING VAN REISE AFGELË EN EIS OM TOELAES
SUMMARY OF JOURNEYS UNDERTAKEN AND CLAIM FOR ALLOWANCES

(Vir besonderhede sien anderkant • For details see reverse)

	Kilometers gereis Kilometers traveled (kol.9 – Col.9)	Tarief per kilometer Tariff per kilometer	Bedrag Amount		Vir Rekenmeester For Accountant	
			R	C	Toewysing Allocation	Kode Code
Kilometertoelae Kilometre allowance						
Passasierstoelae Passenger allowance						
Stalling en parkering Garaging and parking						
Nie van toepassing op motorfietse en bromponies nie Not applicable in the case of motor cycles and scooters.		Totaal Total				

*Ek sertifiseer dat dit vir my nodig was om ampshalwe die reise te onderneem ten opsigte waarvan ek 'n eis indien en dat die toelae wat ek eis in
I certify that I was required to perform the traveling claimed for on official duty and that the allowance claimed are in accordance with the rates
ooreenstemming is met die gemagtigde tariewe ten opsigte van my motorkar/motorfiets/bromponie en dat die passasiers werklik en noodsaaklik op
authorized in respect of my motor-car /motor cycle / scooter and that the passengers were actually and necessarily conveyed on official business.
amptelike diens vervoer is.*

Handtekening van eiser

Signature of claimant

Datum:

Date: **17 / 02 / 2018**

KORREK VERKLAAR • CERTIFIED CORRECT CJ Banda <i>Hoof van afdeling/kantoor • Head of Branch/Office</i> Datum Date	GOEDGEKEUR • APPROVED GR SCHREUDER <i>Departementshoof • Head of Department</i> Datum Date
Ontvang van die rekenpligtige amptenaar die bedrag van Received from the accounting officer the amount of Randsent cent Handtekening • Signature Datum • Date	Betaal per s/o No. Paid by W.V. No Datum Date

PROVINCIAL GOVERNMENT WESTERN CAPE

BYLAE C

PGWC 006

BAS ENTITY MAINTENANCE
BANK DETAILS

DEPARTMENT

OFFICE

System User Only

BAS Ref No.

Captured By:

Date Captured:

Authorised By:

Date Authorised:

Bank Details

DETAILS OF FIRM / INSTITUTION:

Name

Address

Contact Person Tel. No.

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC BANK TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorised Signature

Date dd/mm/ccyy

Name of Bank

Name of Branch

Branch Code

Account Number

Type of Account Current Account Other (specify)

Savings Account

Transmission Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT

FOR OFFICE USE ONLY

APPROVED BY HEAD OF OFFICE

Print Name:

Signature:

Date: