

REGISTRATION FORM: LOK-SYMPIOSIUM 2017

**PLEASE FAX THIS FORM TOGETHER WITH THE PROOF OF PAYMENT TO
 JANINE PEKEUR AT 021 959 1249
 ON OR BEFORE 03 FEBRUARY 2017**

LOK-SYMPIOSIUM

Friday and Saturday, 17–18 February 2017
 Venue: Stellenbosch University

PARTICULARS OF TEACHER/STUDENT (who will attend the symposium)

SURNAME							
FULL NAMES							
ID NUMBER							
PERSONAL ADDRESS (for despatching acknowledgement of receipt)							
CELLPHONE NUMBER							
PERSONAL EMAIL ADDRESS							
LANGUAGE LEVEL YOU WILL ATTEND	<table border="1"> <tr> <td>HL</td> <td></td> <td>FAL</td> <td></td> <td>SAL</td> <td></td> </tr> </table>	HL		FAL		SAL	
HL		FAL		SAL			

PARTICULARS OF SCHOOL/INSTITUTION

EDUCATION DISTRICT (for teachers only)	
NAME OF SCHOOL/INSTITUTION	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

BIRTHDAY CELEBRATION

Will you attend the birthday celebration on 17 February 2017?	<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES		NO			

MEAL PREFERENCE

Regular		Halaal		Vegetarian	
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FOR CONTROL

Registration number	
Amount received	
Date	

SIGNATURES:

TEACHER/ STUDENT		DATE	School stamp
PRINCIPAL (for teachers only)		DATE	

BYLAE B

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 7**

DATE TO **2 0 1 7**

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 <input type="text"/>		Date <input type="text"/>	Amount <input type="text"/>	

DETAILED CLAIM INFORMATION

Description	Date From	Date To	Time From	Time To	Number of		Rate	Amount
					Days	Hours		
LOK-SIMPOSIUM VIR AFRIKAANS- ONDERWYSERS: STELLENBOSCH								
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	
<input type="text"/>	DCES	<input type="text"/>	DCES	<input type="text"/>	CES
Signature Applicant	Rank	Signature: Checking Officer	Rank	Signature:	Rank
18/02 /2017	BANDA, C J	18/02/2017	MERCUUR, W. J.	/02/2017	
Surname & Initials	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 ooreenstemming is met die gemagtigde tariewe ten opsigte van my motorcar/motorfiets/bromponie en dat die passasiers werklik en noodsaaklik op amptelike diens vervoer is.

Handtekening van eiser

Signature of claimant

Datum:

Date: / / 2017

KORREK VERKLAAR • CERTIFIED CORRECT CJ Banda <i>Hoof van afdeling/kantoor • Head of Branch/Office</i> Datum Date	GOEDGEKEUR • APPROVED WJ Mercur <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

Bespnderhede van reis (van plek tot plek) Details of journey (point to point)			Kilometerafstand Kilometre distance				Passasiers Passengers			
1 Datum Date	2 Rede Reason	3 Vertrek Van Departed from	4 Tyd Time	5 Aangekom by Arrived at	6 Tyd Time	7 Kilometerstand by aanvang van reis Speedometer reading at commencement of journey	8 Kilometerstand op elke plek onder kolom 5 vermeld en na af- loop van reis. Speedometer reading at each point men- tioned in column 5 and at end of journey	9 Kilometerafstand tussen elke opeen- volgende plek vermeld in kolom 3 en 5 en na afloop van reis. Kilometre distance between each conse- cutive point mentioned in columns 3 and 5 and at end of journey	10 Kilometerafstand deur amptelike passasier(s) afgede Kilometre distance traveled by official passenger(s)	11 Naam, rang en departement Name, rank and department
	LOKSIMPOSI UM			US						
	RETOER	US	15:00							

Let wel.-• Plek beteken die plek waar die reis begin en eindig asook alle plekke onderweg waar die reis om amptelike of private redes onderbreek word.

Note.-• Point means the place where the official journey is commenced and terminated and all places en route where the journey is broken whether for official or private reasons

PROVINCIAL GOVERNMENT WESTERN CAPE

BYLAE D

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: