



Reference: 20181214-9861

14/2/3

Enquiries: C Banda

Curriculum FET Minute: DCF 0001/2019

To: Deputy Directors-General, Chief Directors, Directors, Chief Education Specialists, Heads: Curriculum Coordination and Advice, Circuit Managers, Heads: Management and Governance, Deputy Chief Education Specialists, Assessment and Examination Coordinators, Subject Advisers, Heads of institutions with learners from Grades 10 to 12, Subject Heads for Afrikaans and Grade 10 to 12 teachers of Afrikaans

**Subject: 2019 LOK Symposium for teachers of Afrikaans Home Language, First and Second Additional Language (Grade 10 to 12)**

1. The *Letterkunde-ondersteuningskomitee (LOK)* extends an invitation to all teachers of Afrikaans for Grade 10 to 12 to the 2019 Symposium that will be held on **Saturday, 16 February 2019** from **07:30 to 15:30** at the **University of the Western Cape** in Bellville.
2. The main aim of the symposium is to support the teaching of literature, but other disciplines, such as listening comprehension, writing and grammar will also be focused on.
3. The symposium programme will be available on the Western Cape Education Department (WCED) website under "Curriculum Development", <http://www.wcedcurriculum.westerncape.gov.za> on **25 January 2019**. Click on "FET: Further Education and Training", select "Languages" in the drop-down menu, select "Afrikaans", then click on "Downloads" and select "Onderwysbronne".
4. The registration fee for the 2019 Symposium is **R100,00** for teachers and **R75,00** for full-time education students. Interested persons may deposit this amount into the **Nedbank cheque account** of the LOK, account number **1089131240**. Cheques should be made payable to LOK. Please use the acronym "LOK" and the name of the school as reference when paying your registration fee. Afrikaans subject advisers and the Department of Afrikaans and Dutch at the University of the Western Cape will be responsible for the administrative and logistical arrangements of the LOK Symposium.

5. Participants may register online via the following link: <https://tinyurl.com/LOK2019registrasie> by completing the Google form. Proof of payment must be faxed to **Ms Janine Pekeur** of the **University of the Western Cape** at fax no. **021 959 1249** by no later than **01 February 2019**. Ms Pekeur can be contacted on tel. no. **021 959 2112** or via email to [lokmondig@gmail.com](mailto:lokmondig@gmail.com). We remind you to please use the acronym "LOK" and the name of the school as reference.
6. Teachers who travel 100 km or more (single trip) to the symposium will be compensated according to WCED tariffs and procedures (see Annexures A – C for claim forms). **All** teachers who want to claim for travel are requested to please complete the BAS form (Annexure C) at the bank. Only one vehicle per school may claim for travel.
7. To assist the organisers of the LOK Symposium, teachers are requested to adhere to the due date for registration. No late applications will be accepted.
8. Please bring the contents of this minute to the attention of all concerned.

**SIGNED:** PAD BEETS

**DEPUTY DIRECTOR-GENERAL: CURRICULUM AND ASSESSMENT MANAGEMENT**

**DATE:** 2019-01-15

ANNEXURE / 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  DATE TO

ALLOCATION

RESPONSIBILITY **2 3 1 3** OBJECTIVE **0 1 0 0 2 6**

DESCRIPTION (Persal function # 5.3.11)

DESCRIPTION	PERSAL CODE	AMOUNT		
		R	C	C
S & T Allowance daily tariff - amount <b>does not</b> exceed limit set by SARS (No receipts)	0 4 3 6			
S & T Allowance daily tariff - amount <b>does</b> 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 <b>does exceeds amount set by SARS</b> (No receipts)	0 4 4 4			
S & T Overseas: amount <b>does</b> 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)

\* Due to/by you

(For record purposes only) Receipt number  Date  Amount

DETAILED CLAIM INFORMATION

Description	Date From	Date To	Time From	Time To	Number of Days	Hours	Rate	Amount
LOK SIMPOSIUM	/2/2019	16/2/2019						
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 <b>WKOD</b>
Rank Rang	
Address (to which warrant voucher must be sent) Adres (waarheen skatkisorder gestuur moet word)	Month Maand <b>FEBRUARIE</b>
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 <sup>3</sup> Engine swept volume group in cm <sup>3</sup>

**OPSOMMING VAN REISE AFGELÊ EN EIS OM TOELAE**  
**SUMMARY OF JOURNEYS UNDERTAKEN AND CLAIM FOR ALLOWANCES**

(Vir besonderhede sien anderkant • For details see reverse)

			Bedrag Amount		Vir Rekenmeester For Accountant	
	Kilometers gereis Kilometers traveled (kol.9 – Col.9)	Tarief per kilometer Tariff per kilometer	<b>R</b>	<b>C</b>	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: **16 / 02 / 2019**

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



PROVINCIAL GOVERNMENT WESTERN CAPE

ANNEXURE / 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: