



IT SERVICES

REQUEST TO PURCHASE IT EQUIPMENT

APPLICANT DETAILS

EMPLOYEE NO : _____

TITLE, INITIAL(S), SURNAME _____

DEPARTMENT : _____

DATE : _____

- An amount of **R 500.00** or **5% of initial cost value** whichever is a greater should be payable at Finance (i.e. cost code: **F001/9520**).
- The asset's cost value should be verified by Assets department.
- The asset should have reached the original estimated useful life.
- You need to arrange with your line manager for a gate release once all approval are in place.

NOTE: You are restricted to two equipment per year.

| Asset number | Date Acquired | Initial cost value | Amount payable |
|---------------------------|------------------------------|--------------------|---------------------------|
| | | | |
| | | | |
| <u>Receipt serial no:</u> | <u>Signature & Date:</u> | | <u>Total amount paid:</u> |
| | | | |

APPROVALS

| | | |
|---|-------------------|------------------------------|
| Line Manager (i.e. Senior Director/ Executive Director /Executive Deans/ Registrar/Rectorate) | <u>Full name:</u> | <u>Signature & Date:</u> |
| IT Service (i.e. Senior Director, Operations Manager) | <u>Full name:</u> | <u>Signature & Date:</u> |