**IT SERVICES**

**REQUEST TO PURCHASE IT EQUIPMENT**

**APPLICANT DETAILS**

EMPLOYEE NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE, INITIAL(S), SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| * An amount of **R 1000.00** or **10% 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 be fully depreciated. * 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.* |

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| **Asset number** | **Date Acquired** | **Initial cost value** | **Amount payable** |
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## APPROVALS

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| **Line Manager**  **(i.e. Senior Director/ Executive Director /Executive Deans/ Registrar/Rectorate)** | Full names: | Signature & Date: |
| **IT Service**  **(i.e. Executive Director, Director, Operations Manager)** | Full names: | Signature & Date: |
| **Assets department**  **(i.e All staff members of asset department** | Full names: | Signature & Date: |