Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

Payment Interface Request

PI Number	

Request Details & Authorisation

Requested By (CD/Dir/Section)	INFRASTRUCTURE	Request Date	

Payments for
(Select one)

- ☒ INFRASTRUCTURE
- ☐ IDS&G: No Fee Schools
- ☐ Independent Schools
- ☐ HIV/AIDS Peer Group Trainers & Caregivers
- ☐ ECD NSF
- ☐ Pre-Grade R Practitioners
- ☐ Special schools
- ☐ School Nutrition

Payment	

Elec.file Supplied   ☒ Yes   ☐ No   **Input File Name**

INFRASTRUCTURE:
INVOICE NO:

Input File Printout attached   ☒ Yes   ☐ No

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Deputy Director Payments	Deputy Director's Signature	Date
Financial Delegation(R1-1Mil)		
(Print Name)		

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Senior State Accountant Payments	Senior State's Signature	Date
(Print Name)		

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Chief Accountant Clerk Payments	Chief Accountant's Signature	Date
(Print Name)		

Processing Details& Results

Elec.file Received	☐ Yes ☐ No	Elec.file Date Received	
Input File Printout Received	☐ Yes ☐ No	Printout Date	
Payment Interface Filename		Date Created	
Date Submitted for Processing		Processing Result	
Reply Filename		Amount	R
Rejections Filename		Amount Rejected	R

I, the undersigned, by appending my signature hereto, verify that the processing results for this Payment Interface, are as detailed above.

IT Operator	IT Operator's Signature	Date
(Print Name)		

Payment Interface Request
PI Number

Request Details & Authorization

Requested By (CD/Dir/Section) | INFRASTRUCTURE | **Request Date**

Payments for (Select one)

- ☐ IDS&G:Section 21 Schools
- ☐ IDS&G: No Fee Schools
- ☐ Independent Schools
- ☐ HIV/AIDS Peer Group Trainers & Caregivers
- ☐ ECD NSF
- ☐ Pre-Grade R Practitioners
- ☒ **INFRASTRUCTURE**
- ☐ Special schools

Payment

Elec.file Supplied | ☒ Yes ☐ No | **Input File Name** | **INFRASTRUCTURE:** **INVOICE NUMBER:**

Input File Printout attached | ☒ Yes ☐ No

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Director Payments Financial Delegation(1mil-2mil) (Print Name) | Director's Signature | Date

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Deputy Director Payments Financial Delegation(R1-1mil) (Print Name) | Deputy Director's Signature | Date

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Senior State Payments (Print Name) | Senior State's Signature | Date

Processing Details& Results

Elec.file Received | ☐ Yes ☐ No | **Elec.file Date Received**

Input File Printout Received | ☐ Yes ☐ No | **Printout Date Received**

Payment Interface Filename | | **Date**

Date Submitted for Processing | | **Processing Result**

Reply Filename | | **Amount** | R

Rejections Filename | | **Amount Rejected** | R

I, the undersigned, by appending my signature hereto, verify that the processing results for this Payment Interface, are as detailed above.

IT Operator (Print Name) | IT Operator's Signature | Date

Payment Interface Request

PI Number [   ]

Request Details & Authorization

Requested By (CD/Dir/Section)	INFRASTRUCTURE	**Request Date**	[ ]

Payments for
(Select one)

- ☐ IDS&G:Section 21 Schools
- ☐ IDS&G: No Fee Schools
- ☐ Independent Schools
- ☐ HIV/AIDS Peer Group Trainers & Caregivers
- ☐ ECD NSF
- ☐ Pre-Grade R Practitioners
- ☒ **INFRASTRUCTURE**

Payment [   ]

Elec.file Supplied	☒ Yes ☐ No	**Input File Name**	**INFRASTRUCTURE:** **INVOICE NUMBER:**

Input File Printout attached   ☒ Yes   ☐ No

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Chief Director Payments Financial Delegation(2mil-5mil) (Print Name)	Chief Director's Signature	Date

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Director Payments Financial Delegation(1mil-2mil) (Print Name)	Director's Signature	Date

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Deputy Director Payments Financial Delegation(R1-1mil) (Print Name)	Deputy Director's Signature	Date

Processing Details& Results

Elec.file Received	☐ Yes ☐ No	**Elec.file Date Received**	[ ]
Input File Printout Received	☐ Yes ☐ No	**Printout Date**	[ ]
Payment Interface Filename	[ ]	**Date Created**	[ ]
Date Submitted for Processing	[ ]	**Processing Result**	[ ]
Reply Filename	[ ]	**Amount**	R
Rejections Filename	[ ]	**Amount Rejected**	R

I, the undersigned, by appending my signature hereto, verify that the processing results for this Payment Interface, are as detailed above.

IT Operator (Print Name)	IT Operator's Signature	Date

Payment Interface Request

PI Number [   ]

Request Details & Authorization

Requested By (CD/Dir/Section)	INFRASTRUCTURE	**Request Date** [ ]

Payments for
(Select one)

- ☐ IDS&G: Section 21 Schools
- ☐ IDS&G: No Fee Schools
- ☐ Independent Schools
- ☐ HIV/AIDS Peer Group Trainers & Caregivers
- ☐ ECD NSF
- ☐ Pre-Grade R Practitioners
- ☒ **INFRASTRUCTURE**
- ☐ Special schools

Payment Amount [   ]

Elec.file Supplied ☒ Yes ☐ No

Input File Name

INFRASTRUCTURE:
INVOICE NUMBER:

Input File Printout attached ☒ Yes ☐ No

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Chief Financial Officer	Chief Financial Officer's Signature	Date
Financial Delegation(5mil-30mil) (Print Name)		

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Chief Director Payments	Chief Director's Signature	Date
Financial Delegation(2mil-5mil) (Print Name)		

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Director Payments	Director's Signature	Date
Financial Delegation(1mil-2mil) (Print Name)		

Processing Details& Results

Elec.file Received	☐ Yes ☐ No	**Elec.file Date Received**	[ ]
Input File Printout Received	☐ Yes ☐ No	**Printout Date Received**	[ ]
Payment Interface Filename	[ ]	**Date Created**	[ ]
Date Submitted for Processing	[ ]	**Processing Result**	[ ]
Reply Filename	[ ]	**Amount Processed**	R
Rejections Filename	[ ]	**Amount Rejected**	R

I, the undersigned, by appending my signature hereto, verify that the processing results for this Payment Interface, are as detailed above.

IT Operator	IT Operator's Signature	Date
(Print Name)		

Payment Interface Request

PI Number [   ]

Request Details & Authorization

Requested By (CD/Dir/Section)	INFRASTRUCTURE	**Request Date**	

Payments for
(Select one)

- ☒ **INFRASTRUCTURE**
- ☐ Independent Schools
- ☐ HIV/AIDS Peer Group Trainers & Caregivers
- ☐ IDS&G
- ☐ Pre-Grade R Practitioners
- ☐ Special schools
- ☐ School Nutrition

Payment [   ]

Elec.file Supplied   ☒ Yes   ☐ No   **Input File Name**   INFRASTRUCTURE-INVOICE NO-

Input File Printout attached   ☒ Yes   ☐ No

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Superintendent General	Superintendent General's	Date
Financial Delegation (R30Mil-…….)	Signature	
(Print Name)		

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Chief Financial Officer	Chief Financial Officer's	Date
Financial Delegation(R5Mil-30Mil)	Signature	
(Print Name)		

I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.

Chief Director Payments	Chief Director's Signature	Date
Financial Delegation(R2-5Mil)		
(Print Name)		

Processing Details& Results

Elec.file Received ☐ Yes ☐ No		**Elec.file Date Received**	
Input File Printout Received ☐ Yes ☐ No		**Printout Date**	
Payment Interface Filename		**Date Created**	
Date Submitted for Processing		**Processing Result**	
Reply Filename		**Amount**	R
Rejections Filename		**Amount Rejected**	R

I, the undersigned, by appending my signature hereto, verify that the processing results for this Payment Interface, are as detailed above.

IT Operator	IT Operator's Signature	Date
(Print Name)		