

<b>Payment</b>	Interface	Request
Pl Number		

Request Detail	ls & Authorisat	ion				
Requested By (CD)	/Dir/Section)	INFRAST	RUCTURE	Request [	Date	
Payments for (Select one)	☐ IDS&G: No Fee S☐ Independent Sch☐ HIV/AIDS Peer Gr☐ ECD NSF☐ Pre-Grade R Prac☐ Special schools☐ School Nutritio	chools ools oup Trainers titioners	s & Caregivers	Paym	nent	
Elec.file Supplied	⊠ Yes □	] No	Input File Name	INFRASTRUCTURE: INVOICE NO:		
Input File Printout		Yes	☐ No			
I, the undersigned, here	eby declare that this pay	ment transact	ion is within the approve	ed financial delegations.		
					*	
Deputy Director Financial Delegat	•		Deputy Directo	r's Signature	Date	
(Print Name)		ment transacti	ion is within the approve	d financial delegations.	init-	
Senior State Acco	Senior State Accountant Payments Senior State's Signature Date (Print Name)					
l, the undersigned, herel	by declare that this payn	nent transacti	on is within the approve	d financial delegations.		
Chief Accountant (Print Name)	Clerk Payments		Chief Accountan	t's Signature	Date	
Processing Deta	ils& Results					
Elec.file Received	Yes	No		Elec.file Date Received		
Input File Printout R	Received	Yes	No	Printout Date		
Payment Interface F	ilename			Date Created		
Date Submitted for	Processing			<b>Processing Result</b>		
Reply Filename				Amount	R	
Rejections Filename				Amount Rejected	R	
, the undersigned, by app	pending my signature he	reto, verify th	nat the processing results	for this Payment Interface,	are as detailed above.	
	perator It Name)		IT Operator's S	Signature	Date	



Payment l	nterface	Request
Pi Number		

Request Deta	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			Payr	nent		
Elec.file Supplied	⊠ Yes	No	Input File Name	INFRASTRUCTUR INVOICE NUMBE		
Input File Printou I, the undersigned, he	t attached reby declare that this payr	Xes	No s within the approved fi	nancial delegations.		
Director Payme Financial Deleg	ents ation(1mil-2mil)	-	Director's Signatu	re	Date	
Deputy Director Payments  Financial Delegation(R1-1mil)  (Print Name)  I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.  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 Pa (Print Name)	yments		Senior State's Signat	ure	Date	
<b>Processing De</b>	tails& Results					
Elec.file Received	Yes N	0		Elec.file Date		
Input File Printou	Received Y	es 🔲 N	o Print	tout Date Received		
Payment Interface	e Filename			Date		
Date Submitted for	or Processing			Processing Result		
Reply Filename				Amount	R	
Rejections Filenar	ne			Amount Rejected	R	
I, the undersigned, by appending my signature hereto, verify that the processing results for this Payment Interface, are as detailed above.						
	Operator int Name)	l	T Operator's Signati	ure	Date	



Payment I	nterface	Request
Pi Number		

Request Details & Authorization					
Requested By (CD/	Request Da	ate			
Payments for (Select one)	IDS&G:Section 21 Solution IDS&G: No Fee School Independent School Inde	ools ls ip Trainers & Caregivers ioners	Payme	ent	
Elec.file Supplied	⊠ Yes □ I	No Input File Nam	INFRASTRUCTURE: INVOICE NUMBER:		
Input File Printout					
I, the undersigned, here	eby declare that this payme	ent transaction is within the appro	oved financial delegations.		
Chief Director P	ayments	Chief Direct	or's Signature	Date	
Financial Delega (Print Name)	tion(2mil-5mil)				
I, the undersigned, here	by declare that this payme	ent transaction is within the appro	oved financial delegations.		
Director Payme		Director'	s Signature	Date	
Financial Delega (Print Name)	tion(1mil-2mil)				
(Fine None)					
I, the undersigned, here	by declare that this payme	nt transaction is within the appro	oved financial delegations.		
Deputy Director		Deputy Direc	tor's Signature	Date	
Financial Delegat	tion(R1-1mil)				
Processing Det	ails& Results				
Elec.file Received	F	lo	Elec.file Date Received		
		es No	Printout Date		
Input File Printout		es [] NO			
Payment Interface	Filename		Date Created		
Date Submitted for	Processing		Processing Result		
Reply Filename			Amount	R	
Rejections Filenam	e		Amount Rejected	R	
I, the undersigned, by a	opending my signature here	eto, verify that the processing res	sults for this Payment Interface,	are as detailed above.	
-		-			
	Operator int Name)	IT Operato	r's Signature	Date	



<b>Payment</b>	nterface	Request
PI Number		

Request Details & Authorization					
Requested By (	CD/Dir/Section)	INFRASTRUCT	TURE	Request D	ate
Payments for (Select one)	Payments for DIS&G: Section 21 Schools		Payment Amo	unt	
Elec.file Supplied	∑ Yes [	No	Input File Name	INFRASTRUCTURE: INVOICE NUMBER:	
Input File Printo		Yes this payment transa	No action is within the app	roved financial delegations.	
Chief Financia Financial Dele (Print Name)	l Officer gation(5mil-30mil)		Chief Financial Offi	cer's Signature	Date
I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.  Chief Director Payments  Chief Director's Signature  Pinancial Delegation(2mil-5mil)  (Print Name)  I, the undersigned, hereby declare that this payment transaction is within the approved financial delegations.					
Director Payl Financial Del (Print Name)	ments egation(1mil-2m 	nil)	Director's Signa	ture	Date
Processing D	etails& Resu	lts			
Elec.file Received	Yes	No		Elec.file Date Received	
Input File Printo	out Received	Yes	No	Printout Date Received	
Payment Interfa	ice Filename			Date Created	
Date Submitted	for Processing			Processing Result	
Reply Filename		401		<b>Amount Processed</b>	R
Rejections Filename Amount Rejected R					
I, the undersigned, I	by appending my sig	nature hereto, verif	y that the processing re	esults for this Payment Interface	e, are as detailed above.
	Operator int Name)		IT Operator's	Signature	Date



Payment I	nterface	Request
PI Number		

Request Details & Authorization					
Requested By (CD)	Dir/Section)	INFRAST	RUCTURE	Request Da	ate
Payments for (Select one)			Payme	ent	
Elec.file Supplied	⊠ Yes	☐ No	Input File Name	INFRASTRUCTURE- INVOICE NO-	
Input File Printout	attached		No		_
I, the undersigned, here	eby declare that this	payment transact	tion is within the approve	ed financial delegations.	
Superintendent Financial Delega		1	Superintender Signat		Date
(P	rint Name)		tion is within the approve		5
Chief Financial Officer Chief Financial Officer's Date Financial Delegation(R5Mil-30Mil) Signature  (Print Name)					
I, the undersigned, here	by declare that this	payment transact	ion is within the approve	d financial delegations.	
Chief Director Pa Financial Delegat			Chief Director	's Signature	Date
<b>Processing Det</b>	ails& 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 ap	ppending my signatu	re hereto, verify t	that the processing result	ts for this Payment Interface,	are as detailed above.
	)perator int Name)	<del></del>	IT Operator's	Signature	Date