

COLLEGE OF HEALTH SCIENCES

Procurement Form

From: _____ Ext: _____
 Department/Discipline: _____ Email: _____
 Delivery Address: _____

Description: _____

Approved by HOD / Grant holder:
Dept/Discipline OR Research Cost Centre

Approved by School Exams Officer
For approval of Flight bookings for examiners

 Signature

 Signature

 Date

 Date

Approved by Manager: School Operations

Approved by Dean & HOS*:
**required if request is more than R25k*

 Signature

 Signature

 Date

 Date

FOR OFFICE USE ONLY

Captured by Finance Administrator

RY # _____

 Signature

 Date



100 YEARS OF ACADEMIC EXCELLENCE