

UNIVERSITY OF KWAZULU-NATAL

SALARY PAYMENT VOUCHER

Payment Requisition for: Credit Account Crossed Cheque (Initial payment only)
 (Please X appropriate block)

1. Details to be provided by Originator											
Tel No./Ext:.....											
Department/Division/Unit.....											
I hereby certify that this payment is in order. The services have been rendered and the charges are in terms of the approved rates.	1. Authorised Signature (H.O.D.) _____ Date _____										
Gross Amount (Before Tax) R..... Amount in Words.....	2. Authorised Signature (other) _____ Date _____										
	Debit General Ledger Code (GLA)										
	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">CC</td> <td style="padding: 2px;">ACCOUNT</td> <td style="padding: 2px;">POST</td> <td style="padding: 2px;">/</td> <td style="padding: 2px;">DEPT</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	CC	ACCOUNT	POST	/	DEPT					
CC	ACCOUNT	POST	/	DEPT							
Staff/Student Number <input style="width: 40px;" type="text"/>											
Payee Name <input style="width: 850px;" type="text"/>	(Limited to 36 Letters : Please Print)										
Payee and detail for Ledger Account <input style="width: 500px;" type="text"/>	(Limited to 28 Letters : Please Print)										

2. For Finance Use Only			
Amount in words:			
			R <input style="width: 100px;" type="text"/>
Prepared By:	Gross Amount R	Authorised for Finance Officer	Voucher No.
	Less Tax R		
	UIF R		
Checked By:	Net Amount R		

If paid out by Uncrossed cheque
 Received the amount shown above _____ Signature of Recipient.....
 Name of Recipient if not above Payee (Please print).....

3. Declaration of Other Earnings and Employment for Tax Purposes

I hereby declare that:

1. I DO NOT have any other employment.	<input type="checkbox"/>	
2. I DO have other part-time employment.	<input type="checkbox"/>	Place an X in Appropriate Block
3. I have other FULL-TIME employment.	<input type="checkbox"/>	

Signed:..... Date:.....

NOTE: Please complete Timesheet on reverse of form

UNIVERSITY OF KWAZULU-NATAL

Payment in favour of:
 Being:

PAYMENT NUMBER _____
 CHEQUE NUMBER _____ AMOUNT

NAME: SUBJECT:

ADDRESS: CENTRE:

MONTH:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL
Time a.m. or p.m.						
Date						
Date						
Date						
Date						
Date						
Hours						

Total numbers of hours.....@..... = Amount claimed: R.....
