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**OFFICE OF THE CHIEF DIRECTOR: SUPPLY CHAIN MANAGEMENT**

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**TO: DDGs AND PROGRAMME MANAGERS  
CHIEF DIRECTORS  
DIRECTORS  
ALL EMPLOYEES IN THE DEPARTMENT**

**FROM: THE CHIEF DIRECTOR -SCM**

**SUBJECT: OPERATIONALIZATION OF THE OFFICIAL REQUEST FOR  
TRAVEL AND ACCOMMODATION**

**DATE: 23 SEPTEMBER 2022**

1. The objective of this correspondence is to operationalise the Austerity Measures indicated in the Internal Circular No 08 of the 2022/23 financial year that was issued out to all staff within the Department.
2. The department must implement control measures to ensure that all expenditure is accounted for, recorded, and reported accurately. It is against this background that you are informed that the attached **Request Form** needs to accompany all Procurement Submissions (Demand Memo's) for approval by the Chief Financial Officer.
3. Please note that no procurement requests for travel and accommodation will be considered by Demand Management in SCM if paragraph 2 above is not complied with.
4. Feel free to contact Ms J Jacobs in Demand Management in SCM for any clarity in this regard.

Your urgent attention to this matter is appreciated.

CD – SUPPLY CHAIN MANAGEMENT

M.H. HARMSE

OFFICIAL REQUEST FOR TRAVEL AND ACCOMMODATION

To be completed by the requesting official of ECDoE

TITLE	INITIALS AND SURNAME (of the official travelling)	DIRECTORATE	INDICATE CLUSTER, DISTRICT OR HEAD OFFICE REQUEST
VOYAGER NO:		BA EXEC. CLUB NO:	
Appointed ECDoE official	YES NO	PERSAL NUMBER:	

PURPOSE OF THE JOURNEY:-.....

PLACE(S) TO BE VISITED:-.....

RESPONSIBILITY:	OBJECTIVE
BUDGET AVAILABLE	
BAS REPORT ATTACHED CONFIRMING THE AVAILABILITY OF FUNDING	

CAR RENTAL: (VEHICLE WITHOUT DRIVER) CAR GROUP: REF NO.

PICK-UP /DELIVERY DATE:-..... DROP-OFF DATE:-.....

PICK-UP/ DELIVERY TIME:-..... DROP-OFF TIME:-.....

PICK UP ADDRESS:-..... DROP-OFF ADDRESS:-.....

Official who is a driver must insist on pre and post trip inspection of the rental vehicle signed by both parties when collected and returned. Ignoring this instruction will lead to possible liability of the official for any damages claimed by the rental company. If there is company representative the official must report this to the department in writing to Fleet and Auxiliary Services.

Accommodation	Service i.e. B&B, Hotel, Guest lodge,	Date and time for check-in	Date and time for check-out
Conference or workshop facility etc.	Requirements	Date and time for check-in	Date and time for check-out

Shuttle Services	Date	Time	Departure Address	Destination Address	Arrival Time
Airline Route	Date	Time	Departure Address	Destination Address	Arrival Time
Excess Luggage	Estimated KG:				

REASONS

I hereby certify that the trip(s) are official and in line with the procurement plan and the operational plan of my unit and that funds are available for this expenditure. No insurance will be paid by the Department for local and overseas trips. Should the official wish to take out insurance, it will be for his/her own account

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Signature of the Unit Head  
(as delegated by the Department)

\_\_\_\_\_  
Signature of the CFO

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Cell no. of the Traveler

Name and Cell. no. of the official facilitating the booking

Office Contact No/Ext

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