

**COLLEGE OF HUMANITIES
AUTHORISED SIGNATORIES FOR CHEQUE, PETTY CASH, IDR AND JOURNALS – 2014**

1. The list of authorised signatories must be submitted to the Finance Manager: College of Humanities, and on receipt thereof, will supersede all previous signing authorities.
2. All changes in signatories must be authorised by the Dean and HOS, Director or Head of Division, as appropriate.
3. The cost centre code(s) for which the signatures are valid, MUST be indicated.
4. Except as provided for in 5 below, ONE signature is required to serve as valid authorisation for any given payment/requisition.
5. Any transaction in excess of R10 000 shall require TWO authorised signatures, provided that the Dean and HOS may decide that, in the case of transactions below R10 000, either ONE or TWO signatures will be required in respect of his/her School. Unless otherwise indicated, a SINGLE signatory requirement will be deemed to be applicable in respect of all individual transactions not exceeding R10 000.

SCHOOL/UNIT _____ Contact Person _____ Ext: _____

A. SIGNATORIES OF DEAN AND HOS AND AUTHORISED SENIOR MEMBERS OF STAFF

Name, Initials and Title(Prof, Dr, Mr)	Specimen Signature	Designation (eg, Dean, AO, Lecturer)	Cost Centre Code	Cost Centre Code	Cost Centre Code

B. DECLARATION

I, _____ (insert title, initial & name), certify that the above is the current list of authorised signatories in respect of the cost centres indicated and that the persons to whom signing authority has been delegated and whose specimen signatures appear above:

1. Are in a position to effectively challenge the authenticity of all vouchers submitted for authorisation, with particular reference to the necessity for, or the legitimacy of, the expenditure in question; and
2. Acknowledge that they understand fully their duties and responsibilities when signing payment requisitions on behalf of the University of KwaZulu Natal and that they may be called upon to account for any loss resulting from the abuse of their signing powers.

CERTIFIED BY
DEAN & HOS: _____
SIGNATURE

DATE

AUTHORISED BY
DIRECTOR: _____
SIGNATURE

DATE

PROFESSIONAL SERVICES