

PAPUA NEW GUINEA  
**REQUISITION FOR EXPENDITURE**

Requisition No  
Job/Movement  
Authority No

|  |
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|  |
|  |

|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|--|-----------|------------|-------------|---------------|--|--|---------------------------|--|-----------------|----------------|-----------------|
| <b>To:</b> _____<br><div style="text-align: center;">(Financial Delegate)</div><br><b>From:</b> _____ Section<br><br><b>Department of:</b> _____<br><br><b>Subject</b> to availability of funds, purchase of the undermentioned goods/services is approved for delivery to<br><b>Reasons:</b> _____<br><br><br>  |           |            |             |               | <b>SUPPLIERS ADDRESS</b>   |  | <b>PARTICULARS</b>        |  | <b>QUANTITY</b> | <b>RATE</b>    | <b>AMOUNT</b>   |
|  |           |            |             |               |  |  |                           |  |                 |                | -               |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
| <b>DIV</b>   | <b>FN</b> | <b>ACT</b> | <b>ITEM</b> | <b>AMOUNT</b> |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               |  |  |                           |  |                 |                |                 |
|  |           |            |             |               | Cash Fund Cert No of<br>Financial Delegate   |  | <b>TOTAL</b>              |  |                 |                |                 |
| <b>1</b><br><div style="text-align: center;">(Authorising Requisitioning Officer)</div><br><div style="display: flex; justify-content: space-between;"> <span>(Designation)</span> <span>(Date)</span> </div>  |           |            |             |               | <b>2 Funds are available</b><br><br><div style="text-align: center;">(Financial Delegate/Commitment Clerk)</div><br><div style="display: flex; justify-content: space-between;"> <span>(Designation)</span> <span>(Date)</span> </div> |  | <b>COMMITMENT DETAILS</b> |  |                 |                |                 |
|  |           |            |             |               |  |  | <b>Goods or Services</b>  |  | <b>Est Cost</b> | <b>Comt No</b> | <b>ILPOC No</b> |
| <b>3 Approval of Section 32 Officer</b><br>(Required for all requisitions over K500)<br><br><div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Approved           <input type="checkbox"/> Not Approved         </div><br><div style="display: flex; justify-content: space-between;"> <span>(Section 32 Officer)</span> <span>(Designation)</span> </div><br><div style="display: flex; justify-content: space-between;"> <span><b>K</b><br/>(Designated Limit)</span> <span>Date</span> </div> |           |            |             |               | <b>4 Funds have been committed</b>   |  |                           |  |                 |                |                 |
|  |           |            |             |               | (Commitment Clerk)   |  |                           |  |                 |                |                 |
|  |           |            |             |               | (Date)   |  |                           |  |                 |                |                 |
|  |           |            |             |               | (Date)   |  |                           |  |                 |                |                 |
|  |           |            |             |               | (Date)   |  |                           |  |                 |                |                 |
| <b>NOTE:</b> 1.Travel and accommodation:<br>Approved Itinerary is required(See Over)<br>2. Goods and Services: Written quotations are required if<br>cost exceeds K500   |           |            |             |               |  |  |                           |  |                 |                |                 |

## TRAVEL ITINERARY

[illegible]☐

Approved

☐

Not Approved

**(Officer-in-Charge)**

**(Designation)**

**Date**

## INSTRUCTIONS

1. If quantities actually received are less than those indicated on the order, the Receiving Officer will specify the actual quantities received and the appropriate amount for payment on the form itself before signing the certificate. Break up by the Cost Codes should also be then altered suitably, if necessary, in consultation with Financial Delegate. All alterations should be signed by Receiving Officer.
2. Any alterations to unit rate or other alterations (except those mentioned in 1 above) will INVALIDATE the claim.

ACCOMMODATION: Government responsibility for accommodation does not include such charges as liquor, laundry, telephone and the like. These charges are the responsibility of the travelling Officer.

TRAVEL/EXCESS BAGGAGE/FREIGHT: A separate form should be issued for each individual service.

## DISTRIBUTION OF COPIES

|                        |   |
|------------------------|---|
| Original and Duplicate | --- Supplier to lodge at paying for obtaining payment                       |
| Triplicate             | --- To be forwarded by Receiving Officer directly to the Financial Delegate |
| Quadruplicate          | --- Supplier's copy   |
| Quintuplicate          | --- Book fast   |

MEETING NO.

DATE:

RESOLUTION NO.

DATE:

|  |    |     |      |        |   |             |          |      |        |
|--|----|-----|------|--------|---|-------------|----------|------|--------|
| To:  |    |     |      |        | SUPPLIER'S ADDRESS                                | PARTICULARS | QUANTITY | RATE | AMOUNT |
| (Financial Delegate)   |    |     |      |        |   |             |          |      | -      |
| From:  |    |     |      |        |   |             |          |      | -      |
| LLG :  |    |     |      |        |   |             |          |      | -      |
| Subject to availability of funds, purchase of the undermentioned goods/services is approved for delivery |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
| To:  |    |     |      |        |   |             |          |      | -      |
| Reasons:   |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
| DIV  | FN | ACT | ITEM | AMOUNT |   |             |          |      | -      |
| This Financial Year  |    |     |      |        |   |             |          |      | -      |
| Subsequent Financial Years   |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        |   |             |          |      | -      |
|  |    |     |      |        | Project Resolution No:<br>Financial Delegate      |             | TOTAL    |      | K0.00  |
| 1.   |    |     |      |        | <b>General Notes</b>                              |             |          |      |        |
| (Requested By)   |    |     |      |        | (District Treasurer)                              |             |          |      |        |
| (Designation) (Date)   |    |     |      |        | (Designation) (Date)                              |             |          |      |        |
| 3. Endorsement by Chairman - JDP&BPC   |    |     |      |        | 4. Funds have been committed                      |             |          |      |        |
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved                                  |    |     |      |        | .....<br>(Secretary - JDP&BPC)<br>.....<br>(Date) |             |          |      |        |
| (Name) (Designation)   |    |     |      |        |   |             |          |      |        |
| Signature (Date)   |    |     |      |        |   |             |          |      |        |