

**Purchases at Pier 2****Detailed Description of item / services: (what is required???)**

Calibration of 8 x Mark X breathalyzer machines : 167354 , 167260 , 167445 , 167321 , 167285 , 167423 , 167318, 167514

**Motivation for Purchase: (why do you need the item/service?-proper details/specs required)**

The calibration certificates for the above machines will expire on 27 August 2025

**G/L Account :** \_\_\_\_\_**Material Group:** \_\_\_\_\_**Cost Centre :** **C1105** \_\_\_\_\_**Estimated Cost:** \_\_\_\_\_**Fixed Vendor :** \_\_\_\_\_**Vendor Code :** \_\_\_\_\_**Preferred Vendor :** \_\_\_\_\_**Vendor Code :** \_\_\_\_\_**Vendor Linked to Plant 1100 (please tick)**

| <b><u>Yes</u></b>                                                 | <b><u>No</u></b>                        |                                              |
|-------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| <b><u>Requestor :</u></b><br><b><u>L. Peterson -50560</u></b>     | <b><u>Requestor's Signature :</u></b>   | <b><u>Date Requested :</u></b><br>04/08/2025 |
| <b><u>Cost Centre Manager :</u></b><br><b><u>Lucky Mkhize</u></b> | <b><u>Cost Centre Mngr Sign. :</u></b>  | <b><u>Date Approved :</u></b><br>04/08/2025  |
| <b><u>Finance Manager :</u></b><br><i>DK Manuel</i>               | <b><u>Finance Mngr's Signature:</u></b> | <b><u>Date Approved :</u></b><br>05/08/2025  |

**Requestor's landline and cell number:** \_\_\_\_\_**Office number/location/delivery address :** \_\_\_\_\_**Requisition Number:** \_\_\_\_\_**Purchase Order Number:** \_\_\_\_\_