

PURCHASE ORDER



ORDER NUMBER
WHC-2024-07-244196



Wits Health Consortium (Pty) Limited.

Company Reg No: 97/15443/07
VAT Reg No: 4310171493

SUPPLIER: HHK Earthing and Lightning Protection Systems (Pty) Ltd

DELIVER TO:
Francois Vermeulen

DIVISION: Wits Health Consortium (Pty) Limited.

Account #: No Account #

Vendor #: SCOR1HHK001

Contact:

Tel No.:

E-Mail:

Ref: HHK/DN/50952/1

Synd: CORE (CORE)

Stru: Faculty Initiatives (FI)

Loc: Isle of Houghton (HOUGHTON)

Cont: WH01 (WH01)

Proj: WH01 (WH01)

Date: 22-July-2024

#	Budget Line	Description	UOM	Qty	Unit Price	Amount
1	BDO745 - Electrical - IOH	LIGHTNING PROTECTION SYSTEM - TO VARIOUS STRUCTURES	Each	1.00	288,098.00	288,098.00
2	BDO745 - Electrical - IOH	SURGE PROTECTION TO THE DISTRIBUTION BOARDS	Each	1.00	31,325.00	31,325.00
3	BDO745 - Electrical - IOH	SCAFFOLDING	Each	1.00	15,500.00	15,500.00
4	BDO745 - Electrical - IOH	BREAKING INTO CONCRETE FLOOR AND RECASTING CONCRETE	Each	1.00	22,725.00	22,725.00
5	BDO745 - Electrical - IOH	HEALTH & SAFETY FILE	Each	1.00	5,000.00	5,000.00

TOTAL EXCLUSIVE OF VAT ZAR 362,648.00

SPECIAL REQUIREMENTS & SPECIFICATIONS

As Per Our Ref: HHK/DN/50952/1.

[REPORT] TESTING AND INSPECTION OF LIGHTNING PROTECTION FOR VARIOUS STRUCTURES – ISLE OF HOUGHTON OFFICE PARK – 36 BOUNDARY STREET, HOUGHTON ESTATE, JOHANNESBURG.

PURCHASE ORDER APPROVAL

INITIAL APPROVER: *Pieter Grobler*

Pieter Grobler

DATE: 09-July-2024

FINAL APPROVER 1: *Dhapamalingum Pillay*

Dhapamalingum Pillay

DATE: 10-July-2024

FINAL APPROVER 2: *Jean Du Randt*

Jean Du Randt

DATE: 22-July-2024

REVIEW APPROVER: *Maxeen Mclellan*

Maxeen Mclellan

DATE: 10-July-2024

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Digital signatures are system generated and represent the individuals electronic signature.

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Date: 22-July-2024

TERMS AND CONDITIONS

SPONSOR ADMINISTRATIVE REQUIREMENTS

- No current Sponsor/ Donor rules and regulations are required against this Purchase Order, however the Wits Health Consortium Purchasing Policy must be adhered to.

VAT REQUIREMENTS

- For all purchases more than R 5 000.00 the following SARS VAT Rules apply to all TAX invoices.
- Name, address and VAT reg no of the supplier and that of Wits Health Consortium (Pty) Ltd
- All documentation needs to be in the name of "XXXXXX d/o Wits Health Consortium (Pty) Ltd" or "Wits Health Consortium (Pty) Ltd"
- The documentation invoice number and date
- Full and Proper description of the goods or service including, quantity and volume of the goods or service supplied
- Price and VAT charged

STANDARD TERMS & CONDITIONS

Details in this order are confidential. Please mark all items / packages clearly with the Purchase Order Number.

WHC reserves the right to reject any variations claimed to the agreed pricing and specifications, unless amended by the latest release of this purchase order

Invoice to be issued in the name of: Wits Health Consortium (Pty) Limited.

Original tax invoices must be forwarded to Attn: Finance Department, Wits Health Consortium, Postnet Suite 189, Private Bag X2600, Houghton, 2041. Tel +27 11 274 9200