4 days

FORM PA001

KwaZulu-Natal Department of Economic Development, Tourism and Environmental Affairs
Requisition form for Goods / Services

To	**MANAGER: SCM**	**Requisition No.**	2025112104
Requestor's (Official) Name:	**Nonkululeko Ndhlovu**	Required delivery Date:	**241 Utrecht Street, Vryheid**
Designation:		Delivery address:	
Business Unit	**Auxiliary Services**		
Telephone Number	**033 264 2863**		

REQUIRED GOODS / SERVICES (For all services/projects TOR must be attached together with the procurement strategy)

Full Description
Request SCM: To Appoint Service Provider, to provide Cleaning Services at EDTEA Vryheid District office for a period of 6 Months.

MOTIVATION FOR ACQUISITION: In Fulfilling its Obligation to ensure a conductive and clean environment in accordance with the Occupational Health and Safety Act (85 of 1993), the Department seeks to appoint a service provider to render cleaning services to its district offices.

Requestor's (Official) Signature _____ **Date:** 18/11/2025

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Auxiliary Services
Objective	Corporate Services
Project	No Project
Net Asset	Office buildings
Regional Indicator	KZN Whole Province
Item	P/P Cleaning services

Budget Allocation	R 37 350 000
Less Expenditure	R 30 157 352
Less Commitments	R —
Budget Available	R 7 192 648
Budget Estimate	**R317 527.32**

Approved / Not Approved

Responsibility Manager: Name: MS TR NGWENYA **Rank:** DIRECTOR: AUXILIARY SERVICES

Signature: _____ **Date:** 20/11/25

Comments: _____

Certification of funds:

Budget Controller Name: Zenhle Ngcobo **Signature:** _____ **Date:** 18/11/2025

For SCM use only

ASSET MANAGEMENT / ICT UNIT

Condition of existing asset	Obsolete/ Redundant	Irrepairable (Condition report for all IT equipment required)	Satisfactory	New
Name:	Signature:	Designation:		Date:

DEMAND SECTION

Does this appear on the procurement plan?	YES	NO	If not on procurement plan does a motivation exist	YES	NO
Name:	Signature:	Designation: ANDILE		Date:	

ACQUISITION SECTION

Quotation Number.		Funding Approval	YES	NO
Name:	Signature:	Designation:		Date:

LOGISTIC SECTION

Award Approved by:	Name:			Date:	
Order No.:		Date:		Total Cost:	
Name:	Signature:	Designation:			Date: