FORM PA001

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

To	MANAGER: SCM	Requisition No.	2023101311
Requestor's (Official) Name:	Samukelisiwe Zuma	Required delivery Date:	
Designation:	Auxiliary Services	Delivery address:	333 Anton Lembede Street
Business Unit			
Telephone Number	0332642657/ 076 943 5838		

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

Full Description
Request SCM to appoint a service provider who will provide cleaning services at Raset district office on a month to month basis, not exceeding a period of six (06) months.

MOTIVATION FOR ACQUISITION:

Requestor's (Official) Signature _____ **Date:** 09/10/2023

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Corporate Services
Objective	Auxiliary Services
Project	No project
Net Asset	Non-Asset Related
Regional Indicator	KZN whole Province
Item	P/P : Cleaning Services

Budget Allocation	R35 550 000
Less Expenditure	R
Less Commitments	R
Budget Available	R 19 054 582,81
Budget Estimate	

Approved / Not Approved

Responsibility Manager: Name: SP Khanyi **Rank:** CD:CS

Signature: _____ **Date:** 10/10/2023

Comments: _____

Certification of funds:

Budget Controller Name: G. Nkosi **Signature:** _____ **Date:** 11/10/2023

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:			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: