FORM PA001

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

To	**MANAGER: SCM**	**Requisition No.**	2024 111004
Requestor's (Official) Name:	**Nonkululeko Ndhlovu**	Required delivery Date:	**270 Jabu Ndlovu Street, Pietermaritzburd,3201**
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 who will supply, deliver, removal and installation of fluorescent globes/lights at EDTEA uMkhanyakude District office, uMtubatuba office, uMgungundlovu District office and Head office for the period of 24 Months.

MOTIVATION FOR ACQUISITION:

Requestor's (Official) Signature _____ **Date:** 07/11/2024

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Auxiliary Services
Objective	Corporate Services
Project	No Project
Net Asset	Office building
Regional Indicator	KZN Whole Province
Item	Contr::mnt &rep other fixed struct

Budget Allocation	R 1 466 155
Less Expenditure	R 906 371-34
Less Commitments	R
Budget Available	R 559 783-66
Budget Estimate	R 500 000-00

✔ **Approved / Not Approved**

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

Signature: _____ **Date:** 07/11/24

Comments: _____

Certification of funds:

Budget Controller Name: _____ **Signature:** P Lamici V **Date:** 08/11/2024

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: MANAGER: LOGISTICS		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: