

Province of KwaZulu-Natal Department of Economic Development

Requisition form for Goods / Services

To	MANAGER: SCM	Requisition No.	2023020703
Name of Official:	Themba Ndlovu	Delivery Address	Ethekwini Municipality, Ward 111
Business Unit :	Consumer Protection	Required Delivery Date:	10 March 2023
Tel. Number:	033-2642716		

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

Full Description: The Honorable MEC will be hosting the Consumer Awareness Campaign targeting 2000 people, We therefore require services of an Events Coordinator.

MOTIVATION FOR ACQUISITION:

The legislative mandate of Consumer Protection Act. (Schedule 4 Competency). arises from a Constitution of the Republic of South Africa. The four key functions of Consumer Protection are:

Consumer Complaints

Consumer Education

Consumer Tribunal

Enforcement and Compliance

Official's Signature 

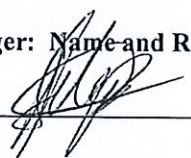
Date: 30/01/2023

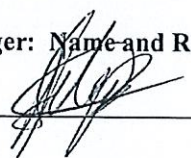
ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Consumer Protection Services
Objective	Consumer Protection Services
Project	MEC outreach
	Non Asset - Related
Net Asset	
Regional Indicator	KZN - Whole Province
Item	CONTRACTOR: EVENTS PROMOTER

Budget Allocation	R 5 166 008
Less Expenditure	R (4 788 189,50)
Less Commitments	R
Budget Available	R 377 818,50
Projects/Goods/Services	R
Estimated Amount	

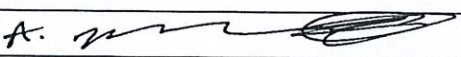
Approved / Not Approved

Responsibility Manager: Name and Rank: 

Signature: 

Date: 30/01/2023

Comments:

Budget Controller: A.  Date: 01/02/2023

For SCM use only

ASSET MANAGEMENT / ICT UNIT

Condition of existing asset	Obsolete/ Redundant	Irreparable (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: Lulama	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: