Ntsepy

FORM PA001

Province of KwaZulu-Natal Department of Economic Development
Requisition form for Goods / Services

To	MANAGER: SCM		
Name of Official:	Thembeka Ndlovu	Requisition No.	20230202703
Business Unit :	Consumer Protection	Delivery Address	Ethekwini Municipality, Ward 111 Menzi sports ground
Tel. Number:	033-2642716	Required Delivery Date:	10 March 2023

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 Sercives
Project	MEC outreach
Net Asset	Non Asset - Related
Regional Indicator	KZN – Whole Province
Item	CONTROTR : 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 Estimated Amount	R

Approved / Not Approved

Responsibility Manager: Name and Rank: Tshepo Sithole, Director

Signature: _____ **Date:** 30/01/2023

Comments: _____

Budget Controller: _____ **Date:** 01/02/2023

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: 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:	