SARS Procurement

REQUEST TO PROCURE

RTP01

Procurement to Complete

Incident Tracking No.

Business Unit to Complete

Purchase Request Details

Name of Cost Centre	Physical Facilities	Cost Centre code	311001
Name of GL Account	~~Landscaping - Lebowakgomo~~ Garden Services	GL Account No.	454018

Requestor Details

First Name(s) & Surname	Shonisani Mudau	Requestor Signature	Mudau S.P
Department	CRE	Date (CCYY-MM-DD)	2023-08-14
Designation	Administrator		
S-ID Number	s 1038223	Tel No.	0124224000

Approver Details

First Name(s) & Surname	Glacy Mashaba	Approver Signature	gmashaba
Designation	OPS Manager: Facilities	Date (CCYY-MM-DD)	14.08.2023
S-ID Number	s 1036352	Tel No.	0716037489

Purchase Request Details

Purchase Type	Routine	Budgeted Value	R0 – R500k	X	> R500k		Commodity Type: Facilities
Request Type	Once-Off X	Recurring Need		Other		If "Other" please specify	

Description of Need/Request

Landscaping Service Request for Lebowakgomo (12 Month Contract)

11.Service condition includes >
• Services to be rendered daily
• Maintenance of Landscaped area
• Replacing damaged landscaped area including trees, plants, grass areas, soil additives, compost and hard landscaping
The service provider is to ensure that>
• Garden debris are removed from the site
• Necessary care should be taken when pruning all trees and plants to ensure that no damage is caused to property e.g. buildings and cars
The contractor must bring his own tools and plastic bags for refuse, and visit the site regularly
2.Spraying of all paved areas with weed killer to keep weed free when needed,
3.Sweeping and blowing of paved / slab area three times a week including parking area
4.Planting of seasonal plants / flowers / garlic plants and maintenance upkeep around the perimeter fence
5.Cultivating and maintenance of flowerbeds
6.Revive gardens, apply top soil and compost monthly

Please indicate any supporting documents submitted with this application: Detailed Specification X | Approved Business Case | Other

If Other, specify

Budgeted Guideline (Incl VAT)	R 160,000.00	Required Delivery Date(CCYY-MM-DD)	2024-08-30	Total Quantity	
Goods to be Delivered?	Yes X No	Your Reference No			

Is this an IT Related Request Yes [ ] No [X]

Receiving Party Details

First Name(s) & Surname	Glacy Mashaba	Tel No.	0152997108
Building Name	OPS Manager: Facilities	Cell. No.	0716037489
Street Name	40 Landros Mare		
City / Town	Polokwane	Postal Code	

Cost Centre Manager Details

First Name(s) & Surname	Wadoed Abraham		
Designation	Senior Manager: Facilities Management		
Budget Guideline	R 160,000.00	S-ID Number	s 2026568

Cost Centre Manager Signature

Date (CCYY-MM-DD) 2023.08.14

For Good Governance where a Cost Centre Manager is also a finance manager, the Authority to spend should be approved from a higher reporting line of authority.

Additional Signatories (if required)

First Name(s) & Surname	Elrika Henning
Position	Manager: Finance
Designation	
S-ID Number	s 2016885

Additional Signature E Henning

Date (CCYY-MM-DD) 15/08/2023