Return from Denied DM 31/10/2023! 1 Dept.

FORM PA001

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

To	MANAGER: SCM	Requisition No.	2023073102/04
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	
Designation:	Auxiliary Services	Delivery address:	251 Utrecht Street Vryheid
Business Unit			
Telephone Number	033 264 2657		

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 supply and maintain X3 water dispensers at Vryheid District office. Leasing of water coolers. (Mkuze, Mtubatuba & Head office, Tourism and Cascade, Ministry Dundee, Eth. Ethekwini, Uga, Ixopo, Izingolweni, Kingcetshwayo, Amajuba, Uthukela.

MOTIVATION FOR ACQUISITION: The district offices somehow experience the shortage of water; hence we request the procurement of water dispensers.

Requestor's (Official) Signature _____ **Date:** 24/07/23

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Corporate Services Auxiliary Service
Objective	~~Corporate Services~~ A
Project	No project
Net Asset	~~Non-Asset Related~~ Kitchen Appliances
Regional Indicator	KZN whole Province
Item	P/P O/P : Other Mach & Equipment

Budget Allocation	R 42 000 000
Less Expenditure	R 6178057.22
Less Commitments	R
Budget Available	R 35821942.78
Budget Estimate	R 2250 000

Approved / Not Approved

Responsibility Manager's Name: SP Ray **Rank:** CD: CS

Signature: _____ **Date:** 27/7/2023

Comments: _____

Certification of funds:

Budget Controller Name: K. Gumede **Signature:** _____ **Date:** 28/07/2023

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: