

Lulu

FORM PA001

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

To
Requestor's (Official)
Name: **MANAGER: SCM**
Nonkululeko Ndhlovu
Designation:
Business Unit: **Auxiliary Services**
Telephone Number: **033 264 2657**

Requisition No.
Required delivery
Date:
Delivery address:

2023032715
No 08 Warwick Avenue, Cascades

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 provide Ground maintenance at uMgungundlovu District Office for the Period of 2-Months **6 Months**.
3/3/23

MOTIVATION FOR ACQUISITION: uMgungundlovu District office requires a Service provider to provide ground maintenance for an 8.0ha consisting of stable garden area and open grass field. TOR pending by SCM to appoint service provider for the long-term period.

Requestor's (Official) Signature: 

Date: **23/03/2023**

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Auxiliary Services
Objective	Corporate Services
Project	No Project
Net Asset	Non-Asset Related
Regional Indicator	KZN Whole Province
Item	P/P: Land Gardening Services

Budget Allocation	R 36 700 000
Less Expenditure	R -
Less Commitments	R -
Budget Available	R 36 700 000
Budget Estimate	R 29 000 000

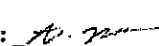
Approved / Not Approved

Responsibility Manager Name: **N.P. Kunene** Rank: **Acting Director**

Signature:  Date: **23/03/23**

Comments:

Certification of funds:

Budget Controller Name: **AYANDA MIBUMISA** Signature:  Date: **23/03/2023**

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 - *Quarable*

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:	Total Cost:
Order No.:	Signature:	Designation:	Date: