Lulu.

FORM PA001

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

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

Requisition No.	20230327 15
Required delivery Date:	No 08 Warwick Avenue, Cascades
Delivery address:	

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. 3/5/23.

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	R29 000.00

Approved / Not Approved

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

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

Comments: _____

Certification of funds:

Budget Controller Name: AMANDA MBUMBA **Signature:** _____ **Date:** 23/03/2023

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 – Mkandla

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:	