Step 1

FORM PA001

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

To	MANAGER: SCM	Requisition No.	20231127-06
Name of Official:	Letty Mathonsi		
Business Unit :	Environmental Empowerment	Delivery Address	Ethekwini
Tel. Number:	082 330 1983	Required Delivery Date:	12 January 2023

REQUIRED GOODS / SERVICES (For all services/projects TOR must be attached together with the procurement strategy)

Full Description
Appointment of a service provider for implementation of an MEC event that will take place at Ethekwini Metro in commemoration of Provincial Wetlands Day

MOTIVATION FOR ACQUISITION:

The MEC will be raising awareness on Environmental issues whilst commemorating the Wetland Day. Good Green Deeds is a presidential programme that the MEC will be demonstrating by conducted a clean up campaign.

Official's Signature L Mathonsi **Date:** 20 | 11 | 23

ALLOCATION OF EXPENDITURE

Funds	Voted Funds
Responsibility	Environmental Capacity Development and Support
Objective	Environmental Empowerment Services
Project	No Project stand alone CALENDAR DAYS
Net Asset	Non Asset Related
Regional Indicator	Environmental Empowerment KZN; WHOLE PROVINCE
Item	Contractors ; EVENT PROMOTERS

Budget Allocation	R 2 520 000
Less Expenditure	R 1 194 229
Less Commitments	R
Budget Available	R 1325 771

Estimate R500 000.00

Approved / ~~Not Approved~~

Responsibility Manager: Dr Bonginkosi Dlamini: Acting Chief Director: Environmental Management

Signature: [signature] **Date:** 20/11/2023

Comments:

Budget Controller: GINKOSI [signature] **Date:** 20/11/2023

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: Phumlile		Date:	

ACQUISITION SECTION				
Quotation Number.		Funding Approval	YES	NO
Name:	Signature:	Designation:		Date:

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LOGISTIC SECTION					
Award Approved by:	Name:			Date:	
Order No.:		Date:		Total Cost:	
Name:	Signature:		Designation:		Date: