Zwel

FORM PA001

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

| | | | |
|---|---|---|---|
| To | **MANAGER: SCM** | **Requisition No.** | 2025/11/2110 |
| Requestor's (Official) Name: | **Nonkululeko Ndhlovu** | Required delivery Date: | **Erf 2557 Main Harding Street, Marburg, Port Shepstone** uGu |
| Designation: | | Delivery address: | |
| Business Unit | **Auxiliary Services** | | |
| Telephone Number | **033 264 2863** | | |

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

| **Full Description** |
|---|
| Request SCM: Request SCM: To Appoint Service Provider, to provide Cleaning Services at EDTEA uGu District office for a period of 6 Months. |
| |

**MOTIVATION FOR ACQUISITION:** **In Fulfilling its Obligation to ensure a conductive and clean environment in accordance with the Occupational Health and Safety Act (85 of 1993), the Department seeks to appoint a service provider to render cleaning services to its district offices.**

**Requestor's (Official) Signature** _____ **Date:** 18/11/2025

**ALLOCATION OF EXPENDITURE**

| | |
|---|---|
| Funds | Voted |
| Responsibility | Auxiliary Services |
| Objective | Corporate Services |
| Project | No Project |
| Net Asset | Office buildings |
| Regional Indicator | KZN Whole Province |
| Item | P/P Cleaning services |

| | |
|---|---|
| **Budget Allocation** | R 37 350 000 |
| **Less Expenditure** | R 30 157 352 |
| **Less Commitments** | R — |
| **Budget Available** | R 7 192 648 |
| **Budget Estimate** | **R205 597.40** |

**Approved / Not Approved**

**Responsibility Manager: Name:** MS TR NGWENYA **Rank:** DIRECTOR: AUXILIARY SERVICES

**Signature:** _____ **Date:** 20/11/25

**Comments:** _____

**Certification of funds:**

**Budget Controller Name:** Zinhle Ntele **Signature:** _____ **Date:** 18/11/2025

**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: |

**LOGISTIC SECTION**

| | | | | | |
|---|---|---|---|---|---|
| Award Approved by: | Name: | | | Date: | |
| Order No.: | | Date: | Total Cost: | | |
| Name: | Signature: | Designation: | | | Date: |