

Zweli Mtshatshe

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

To	<b>MANAGER: SCM</b>	Requisition No.	2025042901
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	
Designation:		Delivery address:	lot 55 kiepersol Street Riverview road Mtubatuba
Business Unit	<b>Auxiliary Services</b>		
Telephone Number	<b>033 264 2863</b>		

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

<b>Full Description</b>
Request SCM: To Appoint a Service Provider, to provide Cleaning Services at EDTEA UMtubatuba District office for a period of 06 Months.

**MOTIVATION FOR ACQUISITION:** In Fulfilling its Obligation to ensure a conducive 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: 29/04/2025

**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 38 250 000
Less Expenditure	R -
Less Commitments	R -
Budget Available	R 38 250 000
Budget Estimate	R219 183.03

**Approved / Not Approved**

Responsibility Manager: Name: T Ngwenya Rank: Director  
 Signature:  Date: 29/04/2025

Comments: \_\_\_\_\_

**Certification of funds:**

Budget Controller Name: Zinhle Nsele Signature:  Date: 29/04/2025

**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					
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:	