FORM PA001

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

To	MANAGER: SCM	Requisition No.	2024102905
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	217 Burger Street, Pietermaritzburg,3201
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 a Service Provider, to provide Cleaning Services at EDTEA Tourism office for a period of 06 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:** 25/10/2024

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** 37 120 000
Less Expenditure	**R** 23 060 561,46
Less Commitments	**R**
Budget Available	**R** 14 059 438,54
Budget Estimate	**R219 057.36**

Approved / Not Approved

Responsibility Manager: Name: TR Ngwenya **Rank:** Director: Auxiliary Services

Signature: ______ **Date:** 25/10/2024

Comments: ______

Certification of funds:

Budget Controller Name: G.MKOSI **Signature:** ______ **Date:** 25/10/2024

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 -1621					
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: