

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

To
 Requestor's (Official)
 Name:
 Designation:
 Business Unit
 Telephone Number

MANAGER: SCM
Nonkululeko Ndhlovu
Auxiliary Services
033 264 2657

Requisition No.
 Required delivery
 Date:
 Delivery address:

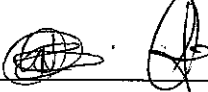
2023073102/03
251 Utrecht Street Vryheid

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

Full Description

Request SCM to appoint a service provider who will supply and maintain X3 water dispensers at Vryheid, District office. *Leasing of water coolers.*
UMkuze, Mtubatuba, Head office, Tourism and Cascade, Mt. Mzimba, Dundee, Ethekwini, Ugu, ixopo, Ilembe, Kig Calshwaya, Amajuba, Uthukela.

MOTIVATION FOR ACQUISITION: The district offices somehow experience the shortage of water; hence we request the procurement of water dispensers.

Requestor's (Official) Signature 

Date: 24/07/23

ALLOCATION OF EXPENDITURE

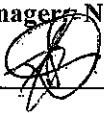
Funds	Voted
Responsibility	Corporate Services <i>Auxiliary Service</i>
Objective	Corporate Services <i>A</i>
Project	No project
Net Asset	Non-Asset-Related <i>Kitchen Appliances</i>
Regional Indicator	KZN whole Province
Item	P/P O/P: <i>Other Mech. & Equipment</i>

Budget Allocation	R 42 000 000
Less Expenditure	R 6 178 057.22
Less Commitments	R
Budget Available	R 35 821 942.78
Budget Estimate	R 2 500 000

Approved / Not Approved

Responsibility Manager Name: *SP Kay*

Rank: *CDICS*

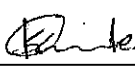
Signature: 

Date: 25/7/2023

Comments:

Certification of funds:

Budget Controller Name: K. Gumede

Signature: 

Date: 28/07/2023

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: <i>N221</i>	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:	