Return from Denied on 31/10/2023! 1 Dept.

FORM PA001

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

To	**MANAGER: SCM**	**Requisition No.**	2023073102/03
Requestor's (Official) Name:	**Nonkululeko Ndhlovu**	Required delivery Date:	
Designation:	**Auxiliary Services**	Delivery address:	**251 Utrecht Street Vryheid**
Business Unit			
Telephone Number	**033 264 2657**		

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, Ministry Dundee Eth. Ethekwini, Uga, Ixopo, Ilembe, Kzg Coastkwaya, 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 Auxiliary Service
Objective	~~Corporate Services~~ A
Project	No project
Net Asset	~~Non-Asset Related~~ Kitchen Appliances
Regional Indicator	KZN whole Province
Item	P/P O/P : Other Mach.+ Equipment

Budget Allocation	R 42 000 000
Less Expenditure	R 6178057.22
Less Commitments	R
Budget Available	R 3582942.78
Budget Estimate	R 2.50 000

Approved / Not Approved

Responsibility Manager's Name: M Kay **Rank:** CD:CS

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: NO21		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: