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

FORM PA001

To Requestor's (Official) Name:	MANAGER: SCM Zama Dlomo
Designation:	Auxiliary Services
Business Unit	
Telephone Number	076 943 2628

Requisition No. _____
 Required delivery Date: _____
 Delivery address: _____

2026032002
50 Harding Street Newcastle

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 provide cleaning services at Amajuba district office for a period of three (03) months.

MOTIVATION FOR ACQUISITION:

Requestor's (Official) Signature _____

Date: 16/03/2026**ALLOCATION OF EXPENDITURE**

Funds	Voted
Responsibility	Corporate Services
Objective	Auxiliary Services
Project	No project
Net Asset	Non-Asset Related
Regional Indicator	KZN whole Province
Item	P/P Cleaning Services

Budget Allocation	R 9 000 000
Less Expenditure	R -
Less Commitments	R -
Budget Available	R 9 000 000
Budget Estimate	R127 092.24

26/27 2024

Approved / Not Approved

Responsibility Manager: Name: T. NGWENTA Rank: Director: AuxiliarySignature: _____ Date: 16/03/2026

Comments:

Certification of funds:

Signed by: Khayalele Njabulo Mthethwa
 Signed at 2026-03-18 22:19:36 +02:00
 Reason: I approve this document

Budget Controller Name: MR K MTHETHWASignature: _____ Date: 18/03/26

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:	Total Cost:	
Order No.:	Name:	Signature:	Designation:	Date: