FORM PA001

Province of KwaZulu-Natal Department of Economic Development
Requisition form for Goods / Services

To	MANAGER: SCM		
Name of Official:	Given Mchunu	Requisition No.	2022062202.
Business Unit:	Auxiliary Services	Delivery Address	270 Jabu Ndlovu Street
Tel. Number:	033 264 2834	Required Delivery Date:	

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

Full Description
Request for approval to issue an order to FNB Transversal Contract RT46/2020 for the amount of R4 000 000, because the previous order depleted.

MOTIVATION FOR ACQUISITION:

FNB Transversal Contract RT46/2020 was depleted and therefore a new order must be issued in order for transport services to continue functional and not hinder service delivery.

Official's Signature ____________ Date: 08/06/2022

ALLOCATION OF EXPENDITURE

Funds	Voted Fund
Responsibility	Auxiliary
Objective	Corporate Services
Project	No Project
Net Asset	Asset Related
Regional Indicator	KZN EDTEA
Infrastructure	Non infra) 6/01 cur: fleet services
Item	F/Serv: fuel, oil & grease

Budget Allocation	R 6000 000
Less Expenditure	R 6850885,78
Less Commitments	R
Budget Available	R 5 314 114,22
Estimated Amount	R 4000 000

Approved / Not Approved

Responsibility Manager: Name and Rank: NOMATHAMSANQA ACTING DIRECTOR: AUX

Signature: ____________ Date: 08/06/2022

Comments: ____________

Budget Controller: ____________ Date: 09/06/2022

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: