Nomusa.

FORM PA001

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

To	MANAGER: SCM	Requisition No.	2023020203
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	270 Jabu Ndlovu Street
Designation:	Auxiliary Services	Delivery address:	
Business Unit			
Telephone Number	076 943 2657		

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

Full Description
Request SCM: To appoint service provider to provide pest control services, including termite's for uGu and Ixopo District offices for the period of ~~24 months~~ 36 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 provide fumigation service to its district offices

Requestor's (Official) Signature: _____ **Date:** 31/01/23

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Auxiliary Services
Objective	Corporate Services
Project	No project
Net Asset	Non Asset Related
Regional Indicator	KZN Whole Prov
Item	P/P : Pest Control / Fumigation Serv

Budget Allocation	R 41 005 492.90
Less Expenditure	R (26 972 070.85)
Less Commitments	R
Budget Available	R 14 033 422.05
Budget Estimate	~~R 45 000.00~~ R 70 000.00

Approved / Not Approved

Responsibility Manager: Name: N.P. Kunene **Rank:** Acting Director

Signature: _____ **Date:** 31/01/23

Comments: _____

Certification of funds:

Budget Controller Name: Amanda Mbuqisa **Signature:** _____ **Date:** 31/01/2023

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:		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: