Aphelele

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

FORM PA001

To	MANAGER: SCM	Requisition No.	20260202011
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	270 Jabu Ndlovu Street PMB
Designation:		Delivery address:	
Business Unit	Auxiliary Services		
Telephone Number	033 264 2863		

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, to provide Cleaning Services at EDTEA Head office for a period of ~~six (06)~~ Three (3) 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 render cleaning services to Head offices.

Requestor's (Official) Signature _____ **Date:** 21/01/2026

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Auxiliary Services
Objective	Corporate Services
Project	No Project
Net Asset	Office buildings
Regional Indicator	KZN Whole Province
Item	P/P Cleaning services

Budget Allocation	R40 131 000
Less Expenditure	R38 809 258
Less Commitments	R —
Budget Available	R1 323 742
Budget Estimate	R ~~900 000.00~~ R450 000.00

Approved / Not Approved

Responsibility Manager: Name: MR SP KHANYI **Rank:** CHIEF DIRECTOR: CORPORATE SERVICES

Signature: Signed by:Sthembiso Penuel Khanyi Signed at:2026-01-27 06:14:39 +02:00 Reason:I approve this document **Date:** 27/01/26

Comments:

Certification of funds:

Budget Controller Name: Zonke Nsele **Signature:** _____ **Date:** 21/1/26

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 - Phumelele

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: