FORM PA001

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

To	MANAGER: SCM	Requisition No.	2026 022305
Requestor's (Official) Name:	Khulekani Ngubane	Required delivery Date:	
Designation:	Deputy Director – Coop Area 1	Delivery address:	D6582 Section 4 Madadeni, Newcastle
Business Unit	Enterprise Development		
Telephone Number	066 292 0505		

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

Supply and Deliver and Installation of 1 x 20 ft (Storage container) and concrete slap

MOTIVATION FOR ACQUISITION

The business development kit under Co-operatives Area 1 complements the coaching programme by turning skills into action and helping co-operatives overcome operational challenges. While coaching builds knowledge, the kit provides essential tools to implement strategies effectively and drive measurable progress. Together, these interventions address key barriers to growth and sustainability. Funding this initiative will create resilient co-operatives that generate jobs and foster inclusive economic development.

Requestor's (Official) Signature RM Signed by:Leocardia Sihle Mazibuko Signed at:2026-06-05 13:46:10 +02:00 Reason:APPROVED **Date: 19 February 2026** 05-06-2026

ALLOCATION OF EXPENDITURE

Funds	Voted Funds
Responsibility	Co-Operatives Area 1
Objective	Enterprise Development
Project	Funding Support
Net Asset	Container
Regional Indicator	KZN
Item	INV ASSTS DISTR: OTH MACH & EQP

Budget Allocation	R1 570 150-00
Less Expenditure	R 563 950
Less Commitments	R
Budget Available	R 1 006 200-00
Budget Estimate	R100,000.00

Approved / Not Approved

Responsibility Manager: Sihle Mazibuko Signed by:Leocardia Sihle Mazibuko Signed at:2026-02-19 10:30:01 +02:00 Reason:APPROVED **Rank:** Director

Signature: _____ **Date:** 19/02/26 05/06/26

Comments:

Certification of funds:

Budget Controller Name: N Ndlovu **Signature:** _____ **Date:** 05-06-2026 ~~20-02-2026~~

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 - NNdlovu

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: