FORM PA001

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

To	MANAGER: SCM	Requisition No.	2025112107
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	
Designation:		Delivery address:	No. 03 Aloe Loop Street, Velde n Vlei Richards Bay ,3900, Home Affairs building
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: Request SCM: To Appoint Service Provider, to provide Cleaning Services at EDTEA King Cetshwayo District office for a period of 6 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 its district offices.

Requestor's (Official) Signature _____ **Date:** 18/11/2025

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	R 37 350 000
Less Expenditure	R 30 157 352
Less Commitments	R -
Budget Available	R 7 192 648
Budget Estimate	**R284 625.00**

Approved / Not Approved

Responsibility Manager: Name: MS TR NGWENYA **Rank:** DIRECTOR: AUXILIARY SERVICES

Signature: _____ **Date:** 20/11/25

Comments:

Certification of funds:

Budget Controller Name: Zinhle Nsele **Signature:** _____ **Date:** 18/11/2025

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: SUPPLIE		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: