FORM PA001

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

To	**MANAGER: SCM**	**Requisition No.**	
Requestor's (Official) Name:	**Tantaswa Cici**	Required delivery Date:	**08 DECEMBER 2023**
Designation:	**Director**	Delivery address:	**10 ROTTERDAM ROAD BAYHEAD DURBAN**
Business Unit	**Maritime**		
Telephone Number	**0664878644**		

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

Full Description
APPOINTMENT OF SANDOCK AUSTRAL SHIPYARDS (PTY) LTD WITH REGISTRATION NUMBER: 1993/007852/07 FOR THE IMPLEMENTATION OF THE MARITIME GRADUATE PLACEMENT PROGRAMME.

MOTIVATION FOR ACQUISITION:

Please find attached approved Memo from the Acting Head of Department

Signed by:Tantaswa Cici
Signed at:2023-11-14 13:00:15 +02:00
Reason:I approve this document

Requestor's (Official) Signature Tantaswa Cici **Date:** 14/11/23

ALLOCATION OF EXPENDITURE

Funds	**Voted**
Responsibility	**Strategic Initiatives**
Objective	**Industrial Development**
Project	**Maritime Graduate Development Programme**
Net Asset	**Non-Asset Related**
Regional Indicator	**KZN**
Item	
Infrastructure	**Non-Infrastructure**

Budget Allocation	**R 2 000 000.00**
Less Expenditure	**R00.00**
Less Commitments	**R 00.00**
Budget Available	**R 2 000 000.00**
Budget Estimate	**R 2 000 000.00**

Approved / Not Approved APPROVED

Responsibility Manager: Name: Fikiswa Fathia Pupuma **Rank:** ADDG

Signed by Fikiswa Fathia Pupuma
Signed at:2023-11-14 13:25:22 +02:00
Reason:I approve this document

Signature: _____ **Date:** 14/11/23

Comments: _____

Certification of funds:

Budget Controller Name: _____ **Signature:** _____ **Date:** _____

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

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Award Approved by:	Name:	Date:

Order No.:		Date:		Total Cost:	

Name:	Signature:	Designation:	Date: