

ntsepi

FORM PA001

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

To
Requestor's (Official)
Name:
Designation:
Business Unit
Telephone Number

MANAGER: SCM
Samukelisiwe Zuma
Auxiliary Services
0332642657/ 076 943 5838

Requisition No.
Required delivery
Date:
Delivery address:

2023101313

46 Bisset Street
Port Shepstone

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 who will provide cleaning services at uGu district office on a month to month basis, not exceeding a period of six (06) months.

MOTIVATION FOR ACQUISITION:

Requestor's (Official) Signature

Date: 09/10/2023

ALLOCATION OF EXPENDITURE

Items	Voted
Responsibility	Corporate Services
Objective	Auxiliary Services
Project	No project
Net Asset	Non-Asset Related
Regional Indicator	KZN whole Province
Item	P/P : Cleaning Services

Budget Allocation	R 35 550 000
Less Expenditure	R
Less Commitments	R
Budget Available	R 19 054 582,81
Budget Estimate	

Approved / Not Approved

Responsibility Manager: Name: *S. K. Kwany*

Rank: *CD: CS*

Signature: *[Signature]*

Date: *10/10/2023*

Comments:

Certification of funds:

Budget Controller Name: *G. Nkosi*

Signature: *[Signature]*

Date: *11/10/2023*

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 <i>-1021</i>				
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:	Date:	
Name:	Signature:	Designation:		