Lulu

FORM PA001

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

To	MANAGER: SCM	Requisition No.	20230120204
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	270 Jabu Ndlovu Street
Designation:	Auxiliary Services	Delivery address:	
Business Unit			
Telephone Number	033 264 2657		

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

Full Description
Request SCM: To appoint service provider to provide pest control services, including termites for Head Office,
Cascades office, Ministry office, Tourism Office and eThekwini District offices for the period of 24 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 provide fumigation service to its district offices

Requestor's (Official) Signature _____ **Date:** 31/01/23

ALLOCATION OF EXPENDITURE

Funds	VOTED FUND
Responsibility	CORP'S AUXILIARY SERVICES
Objective	CORPORATE SERVICES
Project	NO PROJECT
Net Asset	NON ASSET RELATED
Regional Indicator	KZN WHOLE PROVINCE
Item	P/P: PEST CNTRL/FUMIGATION SERV

Budget Allocation	R 41 005 498,90
Less Expenditure	R (26 972 076,28)
Less Commitments	R
Budget Available	R 14 033 422,62
Budget Estimate	R 170 000.00

Approved / Not Approved

Responsibility Manager: Name: N.P. Kunene **Rank:** Acting Director

Signature: _____ **Date:** 31/01/23

Comments: _____

Certification of funds:

Budget Controller Name: AYANDA MBUYISA **Signature:** _____ **Date:** 31/01/2023

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					
Does this appear on the procurement plan?	YES	NO	If not on procurement plan does a motivation exist	YES	NO
Name:	Signature:	Designation: Pmumile		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: