

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

To Requestor's (Official) Name:	MANAGER: SCM Nonkululeko Ndhlovu	Requisition No.	2023020204
Designation:	Auxiliary Services	Required delivery Date:	270 Jabu Ndlovu Street
Business Unit		Delivery address:	
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 eThekweni District offices for the period of 24 months

MOTIVATION FOR ACQUISITION:

In Fulfilling its Obligation to ensure a conducive 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

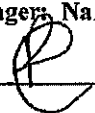
ALLOCATION OF EXPENDITURE

Funds	VOTED FUND
Responsibility	CORP 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 41 005 492,90
Less Expenditure	R 26 992 000,00
Less Commitments	R
Budget Available	R 14 033 492,90
Budget Estimate	R 170 000 - 00

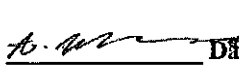
Approved / Not Approved

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	Irreparable (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: Phumile	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:	