FORM PA001

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

To	**MANAGER: SCM**	**Requisition No.**	~~2024/08~~ 2024090912
Requestor's (Official) Name:	**Nosipho Zondi**	Required delivery Date:	**16/08/2024**
Designation:	**Tourism Registration Officer**	Delivery address:	**217 Burger Street Calder House Building Pietermaritzburg 3201**
Business Unit	**Tourism Growth and Development**		
Telephone Number	**033 264 9321/ 066 142 4825**		

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

Full Description: Request a 36 Month contract to supply and deliver Tourist Guide Name badges.
Specification: Gold Badge, 6 Colours Silkscreen Print, Names & Numbers Engraved, Resin Coating, Magnet Fitting, 65x30mm Oval Shaped.
Sample name badge available upon request

MOTIVATION FOR ACQUISITION:

Name badges are a requirement for all Tourist Guides registered with the Department as per the Tourism Act No 3 of 2014.

Requestor's (Official) Signature _____ **Date:** 16/08/2024

ALLOCATION OF EXPENDITURE

Funds	**Voted Fund**
Responsibility	Tourism Growth & Development
Objective	Tourism Growth & Development
Project	No Project
Net Asset	Non-Asset Related
Regional Indicator	Dc22 Umgungundlovu Dist Mun
Item	Cons:Nametags

24850.00

Budget Allocation	R40 000.00
Less Expenditure	R ~~5 150.00~~
Less Commitments	R0.00
Budget Available	R 34 850.00 24850.00
Budget Estimate	R 40 000.00

Approved / Not Approved

Responsibility Manager: Name: Ayanda Zondi **Rank:** Director

Signature: _____ **Date:** 16/08/2024

Comments: _____

Certification of funds:

Budget Controller Name: N. Kanyile **Signature:** _____ **Date:** 06.09.2024

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: Procurement		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:	