FORM PA001

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

To	MANAGER: SCM	Requisition No.	2025101809
Requestor's (Official) Name:	Duduzile Gumede	Required Delivery Date:	15 October 2025
Designation:	Resource Centre Coordinator	Delivery address:	G63 270 Jabu Ndlovu Pietermaritzburg
Business Unit	Knowledge Management		
Telephone Number	033 264 2553		

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

Full Description
Procurement of digital Newspapers for Honourable MEC Zondi, Head of Department and for the Resource Centre on 36 months Contract according to the attached contract.

MOTIVATION FOR ACQUISITION:

eBooks for the Resource Centre

Requestor's (Official) Signature Q **Date: 15 October 2025**

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Knowledge Management
Objective	Knowledge Management
Project	No Project
Net Asset	NON-ASSET RELATED
Regional Indicator	Whole Province
Item	GIP : SUBSCRIPT, PRINT & PUBLI SERV

Budget Allocation	R 1 500 000
Less Expenditure	R 467 170 21
Less Commitments	R -
Budget Available	R 1 032 829,79
Budget Estimate	R

Signed by:Cosmas Hamadziripi
Signed at:2025-10-16 17:08:32 +02:00
Reason:I approve this document

Approved / Not Approved Cosmas Hamadziripi

Responsibility Manager: Name: _____ **Rank:** _____

Signature: _____ **Date:** _____

Comments: _____

Certification of funds:

Budget Controller Name: Zinhle Nsele **Signature:** ~~ZN~~ **Date:** 17/10/2025

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 – Phumelele

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 – Phumelele

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: