1 of 4

FORM PA00

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

To	**MANAGER: SCM**
Requestor's (Official) Name:	**Duduzile Gumede**
Designation:	**Resource Centre Coordinator**
Business Unit	**Knowledge Management**
Telephone Number	**033 264 2553**

Requisition No.	**2023100707**
Required delivery Date:	**06 October 2023**
Delivery address:	**G63 270 Jabu Ndlovu Pietermaritzburg**

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

Full Description
2 x Isolezwe Newspaper -Weekdays
2 x Ilanga Newspaper-Thursdays and Sundays (Twice)
2 x The Mercury Newspaper-Weekdays
2 x Sunday Tribune Newspaper -Once a week(Mondays)
2 x Daily news Newspaper-Weekdays
2 x Mail & Guardian Newspaper-Once a week(Fridays)
Requisition for the above newspapers to be delivered as hard copies on specified days for a period of 36 months at the Resource Center, Department of Economic Development, Tourism, and Environmental Affairs Resource Centre, 270 Jabu Ndlovu, Pietermaritzburg, for the attention of Dudu Gumede to be delivered between 7:00 a.m. and 8:00 a.m. in the morning daily.

MOTIVATION FOR ACQUISITION:

Requisition for the above newspapers for the Resource Center Both of the aforementioned service providers, Independent Newspapers and Mail & Guardian, are ineligible for use because they do not adhere to tax regulations. As a result, we must find a new service provider for the news apps mentioned above.

Requestor's (Official) Signature _____ **Date:** 05/10/2023

ALLOCATION OF EXPENDITURE

Funds	**Voted**
Responsibility	Knowledge Management
Objective	Knowledge Management
Project	No Project
Net Asset	Non Asset
Regional Indicator	Whole Province
Item	CONS:SP&MAGS/NEWS/JNLS

Budget Allocation	R 50 000
Less Expenditure	R 7 110.93
Less Commitments	R
Budget Available	R 42 889.07
Budget Estimate	R 75000

Approved / ~~Not Approved~~

Responsibility Manager: Name: C. HAMMOND **Rank:** CHIEF DIRECTOR

Signature: _____ **Date:** 05/10/2023

Comments: _____

Certification of funds:

Budget Controller Name: N. KANYILE **Signature:** _____ **Date:** 05. 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

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