FORM PA001

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

To	MANAGER: SCM	Requisition No.	2023101309
Requestor's (Official) Name:	Samukelisiwe Zuma	Required delivery Date:	
Designation:	Auxiliary Services	Delivery address:	Corner of R102 and Link Road Stanger
Business Unit			
Telephone Number	0332642657/ 076 943 5838		

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

Full Description
Request SCM to appoint a service provider who will provide cleaning services at iLembe district office on a month to month basis, not exceeding a period of six (06) months.

MOTIVATION FOR ACQUISITION:

Requestor's (Official) Signature ______ **Date:** 09/10/2023

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Corporate Services
Objective	Auxiliary Services
Project	No project
Net Asset	Non-Asset Related
Regional Indicator	KZN whole Province
Item	P/P: Cleaning Services

Budget Allocation	R 35 550 000
Less Expenditure	R
Less Commitments	R
Budget Available	R 19 054 582,81
Budget Estimate	

Approved / Not Approved

Responsibility Manager: Name: ______ **Rank:** ______

Signature: ______ **Date:** 10/10/2023

Comments: ______

Certification of funds:

Budget Controller Name: G. Ncosi **Signature:** ______ **Date:** 11/10/2023

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 –NEASCO						
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				
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: