Culu

FORM PA001

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

To	**MANAGER: SCM**	**Requisition No.**	20250429 11
Requestor's (Official) Name:	**Nonkululeko Ndhlovu**	Required delivery Date:	**46 Bisset Street, Port Shepstone**
Designation:		Delivery address:	
Business Unit	**Auxiliary Services**		
Telephone Number	**033 264 2863**		

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, to provide Cleaning Services at EDTEA Ugu District office for a period of 06 Months.

MOTIVATION FOR ACQUISITION: **In Fulfilling its Obligation to ensure a conductive and clean environment in accordance with the Occupational Health and Safety Act (85 of 1993), the Department seeks to appoint a service provider to render cleaning services to its district offices.**

Requestor's (Official) Signature _____ **Date:** 29/04/2025

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Auxiliary Services
Objective	Corporate Services
Project	No Project
Net Asset	Office buildings
Regional Indicator	KZN Whole Province
Item	P/P Cleaning services

Budget Allocation	R 38 250 000
Less Expenditure	R -
Less Commitments	R -
Budget Available	R 38 250 000
Budget Estimate	R 165 242.68

Approved / Not Approved

Responsibility Manager: Name: T Ngwenya **Rank:** Director : Aux Services

Signature: _____ **Date:** 29/04/2025

Comments: _____

Certification of funds:

Budget Controller Name: Zinhle Nsele **Signature:** _____ **Date:** 29/04/2025

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 Silindile					
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:	