

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

To
 Requestor's (Official)
 Name:
 Designation:
 Business Unit
 Telephone Number

MANAGER: SCM
Nonkululeko Ndhlovu

Auxiliary Services
033 264 2863

Requisition No.
 Required delivery
 Date:
 Delivery address:

2025112106
NO 52 OF 60 Mzolozolo Avenue, Mkuze
3965

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

Full Description

Request SCM: Request SCM: To Appoint Service Provider, to provide Cleaning Services at EDTEA uMkhanyakude District office for a period of 6 Months.

MOTIVATION FOR ACQUISITION: In Fulfilling its Obligation to ensure a conducive 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: 18/11/2025

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 37 350 000
Less Expenditure	R 30 157 352
Less Commitments	R -
Budget Available	R 7 192 648
Budget Estimate	R285 283.35

Approved / Not Approved

Responsibility Manager: Name: MS TR NGWENYA Rank: DIRECTOR: AUXILIARY SERVICES

Signature: [Signature] Date: 20/11/25

Comments:

Certification of funds:

Budget Controller Name: Zinhle Nsele Signature: [Signature] Date: 18/11/2025

For SCM use only

ASSET MANAGEMENT / ICT UNIT

Condition of existing asset	Obsolete/ Redundant	Irreparable (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: <u>SUNDI</u>	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: