FORM PA001

Province of KwaZulu-Natal Department of Economic Development
Requisition form for Goods / Services

To	MANAGER: SCM		
Name of Official:	Ayanda Manqele	Requisition No.	2022042001
Business Unit:	Trade & Industry Development	Delivery Address	270 Jabu Ndlovu Street, PMB
Tel. Number:	+27 72 360 1250	Required Delivery Date:	25 April 2022

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

Full Description
Single source appointment of Danisile Nkosi N Associates (DNA) for the provision of the Secretariat Services for the KwaZulu-Natal Economic Council for a period of twelve months (1 Year).

MOTIVATION FOR ACQUISITION:

Provision of Secretariat Services to the KwaZulu-Natal Economic Council.

Official's Signature: _____ **Date:** 20 . 04 . 2022

ALLOCATION OF EXPENDITURE

Funds	**Voted**
Responsibility	**Trade & Investment Promotions**
Objective	**Trade & Investment Promotions**
Project	**KZN Economic Council**
Net Asset	**Non-Assets Related**
Regional Indicator	**KZN Whole Province**
Item	**Cons/Prof Serv: Business & Advisory Serv.**
Infrastructure	**Non-Infrastructure Related**

Budget Allocation	**R4 000 000.00**
Less Expenditure	**R0.00**
Less Commitments	**R0.00**
Budget Available	**R4 000 000.00**
Projects/Goods/Services Estimated Amount	**R2 409 225.59**

Approved / ~~Not Approved~~

Responsibility Manager: Name and Rank: Fikiswa Pupuma - Chief Director

Signed by:Fikiswa Fathia Pupuma
Signed at:2022-04-20 13:08:15 +02:00
Reason:Witnessing Fikiswa Fathia Pupu

Signature: _____ **Date:** 20/04/22

Comments: _____

Budget Controller: _____ **Date:** 20/04/2022

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:		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:	