

Province of KwaZulu-Natal Department of Economic Development

Requisition form for Goods / Services

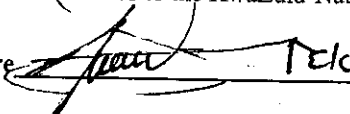
To	MANAGER: SCM		
Name of Official:	Ayanda Mangele	Requisition No.	2022042001
Business Unit:	Trade & Industry Development	Delivery Address	270 Jabu Ndlovu Street, PMB
Tel. Number:	+27 72 360 1250	Required Delivery Date:	25 April 2022

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

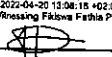
ALLOCATION OF EXPENDITURE

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

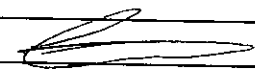
Budget Allocation	R4 000 000.00
Less Expenditure	R0.00
Less Commitments	R0.00
Budget Available	R4 000 000.00
Projects/Goods/Services Estimated Amount	R2 409 225.59

Approved / Not ~~Approved~~

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

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	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:	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: