FORM PA001

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

To	MANAGER: SCM	Requisition No.	~~20232711~~ 03
Requestor's (Official) Name:	Samukelisiwe Zuma	Required delivery Date:	20230327 11
Designation:	Auxiliary Services	Delivery address:	270 Jabu Ndlovu Street Pietermaritzburg
Business Unit			
Telephone Number	0332642657		

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 for a contract who will provide locksmith services. The offices that will be serviced are Head office, Tourism, Ministry and Cascades. Contract for 36 months.

MOTIVATION FOR ACQUISITION: The Department had a contract that expired in December 2022, hence we request the new contract.

Requestor's (Official) Signature _____ **Date:** 23/3/23

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~~ Coir mat & Scrap Hardware

Budget Allocation	R 500 000.00
Less Expenditure	R
Less Commitments	R
Budget Available	R 500 000.00
Budget Estimate	R 80 000.00

Approved / Not Approved

Responsibility Manager: Name: N.P. Kunene **Rank:** Acting Director

Signature: _____ **Date:** 23/3/23

Comments: _____

Certification of funds:

Budget Controller Name: AYANDA MBUYISA **Signature:** _____ **Date:** 23/03/2023

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					
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:	