

Procurement to Complete

Incident Tracking
No.

Business Unit to Complete

Purchase Request Details

Name of Cost
Centre

STATE WAREHOUSE ORTIA

Cost Centre
code

600080

Name of
GL Account

DESTRUCTION OF GOODS

GL Account
No.

466020

Requestor Details

First Name(s) &
Surname

NTHABISENG SEGANYE

Department

STATE WAREHOUSE

Designation

OPS MANAGER

S-ID Number s

1036774

Tel No.

0123346491

Requestor Signature

Date
(CCYY-MM-DD)

2023-08-06

Approver Details

First Name(s) &
Surname

DIKELEDI MABONA

Designation

MANAGER

S-ID Number s

1014380

Tel No.

0835554540

Approver Signature

Date
(CCYY-MM-DD)

2023/08/11

Purchase Request Details

Purchase
Type

Routine

Budgeted
Value

R0 – R500k



> R500k

Commodity
Type

Professional

Request
Type

Once-Off



Recurring Need



Other

If "Other" please
specifyDescription of
Need/Request

DESTRUCTION

- Goods to be destroyed using approved safe chemicals, and crush and bury.
- Goods have to be totally unusable after the destruction process.
- Destrutions to be done at an approved destruction site.
- Appointed service provider to comply with the safe disposal methods as per Environmental Act and any other applicable disposals regulations
- Destruction Certificate from the destruction site to be produced after the destruction
- Bidders to attend a site visit at Iscor State Warehouse

Please indicate any supporting documents submitted with this application

Detailed Specification



Approved Business Case



Other

If Other,
specifyBudgeted Guideline
(Incl VAT)

R

300,000.00

Required Delivery
Date(CCYY-MM-DD)

2023-08-21

Total
Quantity

01

Goods to be Delivered?

Yes



No



Your Reference No

Is this an IT Related Request

Yes



No



Cost Centre Manager Details

First Name(s) &
Surname

CASSIUS SINTHUMULE

Designation

HEAD OF AIR CLUSTER

Budget
Guideline

R

300,000.00

S-ID Number

s

1019563

Cost Centre Manager Signature

Date
(CCYY-MM-DD)

20230814

For Good Governance where a Cost Centre Manager is also a finance manager, the Authority to spend should be approved from a higher reporting line of authority.

Additional Signatories (if required)

First Name(s) & Surname **PHOKO SEPAILA**

Position **OPS MANAGER**

Designation **FINANCE**

S-ID Number **S 1038864**

 Additional Signature	
Date (CCYY-MM-DD)	2023-08-14

Destruction R300K