

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

To	MANAGER: SCM	Requisition No.	2025102102
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	Albert House, Corner of Link Road and R102, Stanger
Designation:		Delivery address:	
Business Unit	Auxiliary Services		
Telephone Number	033 264 2863		

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, to provide Cleaning Services at EDTEA iLembe District office for a period of 06 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: 16/10/2025

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 25 291 07,81
Less Commitments	R -
Budget Available	R 12 058 892,19
Budget Estimate	R 140 000,00

Approved / Not Approved

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

Signature:  Date: 18/10/25

Comments:

Certification of funds:

Budget Controller Name: Zuhle Nkole Signature:  Date: 16/10/2025

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 <i>Not</i>					
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:		