FORM PA001

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

To	**MANAGER: SCM**	**Requisition No.**	2024 04 0401
Requestor's (Official) Name:	**Mlungisi Hadebe**	Required delivery Date:	
Designation:	**LED Practitioner**	Delivery address:	
Business Unit	**RLED**		
Telephone Number	**081 759 2942**		

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

Full Description
Request for SCM to procure goods and services to support the Msunduzi Municipality handover MEC event for EDTEA funded projects scheduled to take place on the 09 April 2024 as per the attached approved submission by the acting head of Department and attached specification.

MOTIVATION FOR ACQUISITION:

As attached

Requestor's (Official) Signature _____ **Date:** 03/04/2024

ALLOCATION OF EXPENDITURE

Funds	**Voted Funds**
Responsibility	RLED Project Development and MNG
Objective	RLED
Project	NO PROJECT
Net Asset	NON ASSETS RELATED.
Regional Indicator	KZN WHOLE PROVINCE
Item	LOOTERS . EVENT PROMOTERS

Budget Allocation	**R 988 850.00**
Less Expenditure	**R**
Less Commitments	**R**
Budget Available	**R 988 850.00**
Budget Estimate	**R 988 850.00**

Signed by:Makhosi
Signed at:2024-04-03 16:43:52 +02:00
Reason:I approve this document

Approved / Not Approved

Responsibility Manager: Name: Dr. S Sibeta _____ **Rank: Acting DDG** _____

Signature: _____ **Date:** 03/04/24

Comments: _____

Certification of funds:

Budget Controller Name: G.NKOSI **Signature:** _____ **Date:** 04/04/2024

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:	