

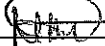
**KwaZulu-Natal Department of Economic Development, Tourism and Environmental Affairs**  
**Requisition form for Goods / Services**

|                              |                     |                         |                                    |
|------------------------------|---------------------|-------------------------|------------------------------------|
| To                           | <b>MANAGER: SCM</b> | Requisition No.         | 2023042809                         |
| Requestor's (Official) Name: | Samukelisiwe Zuma   | Required delivery Date: |                                    |
| Designation:                 | Auxiliary Services  | Delivery address:       | 46 Bisset Street<br>Port Shepstone |
| Business Unit                |                     |                         |                                    |
| Telephone Number             | 0332642657          |                         |                                    |

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

|                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Full Description</b>                                                                                                                                             |
| Request SCM to appoint a service provider for a contract who will supply and maintain the plants at Port Shepstone district office. For 36 months. 13 plants @ R300 |
|                                                                                                                                                                     |
|                                                                                                                                                                     |

**MOTIVATION FOR ACQUISITION:**

Requestor's (Official) Signature: 

Date: 29/3/2023

**LOCATION OF EXPENDITURE**

|                    |                                    |
|--------------------|------------------------------------|
| Funds              | Voted                              |
| Responsibility     | Corporate Services                 |
| Objective          | Auxiliary Services                 |
| Project            | No project                         |
| Net Asset          | Non-Asset-Related office buildings |
| Regional Indicator | KZN whole Province                 |
| Item               | P/P: Gardening Services            |

|                   |               |
|-------------------|---------------|
| Budget Allocation | R 367 000 000 |
| Less Expenditure  | R -           |
| Less Commitments  | R -           |
| Budget Available  | R 367 000 000 |
| Budget Estimate   | R 200 000 000 |

Approved / Not Approved

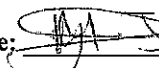
Responsibility Manager: Name: N.P. Kunene Rank: Acting Director

Signature: 

Date: 29/3/23

Comments:

**Certification of funds:**

Budget Controller Name: Mndyizi Signature:  Date: 11/04/2023

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:                                              |        |

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

|                              |                           |                         |                              |
|------------------------------|---------------------------|-------------------------|------------------------------|
| To                           | <b>MANAGER: SCM</b>       | Requisition No.         | <b>2023042815</b>            |
| Requestor's (Official) Name: | <b>Samukelisiwe Zuma</b>  | Required delivery Date: |                              |
| Designation:                 | <b>Auxiliary Services</b> | Delivery address:       | <b>Marine Building</b>       |
| Business Unit                |                           |                         | <b>10<sup>th</sup> Floor</b> |
| Telephone Number             | <b>0332642657</b>         |                         |                              |

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

|                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Full Description</b>                                                                                                                                                                |
| Request SCM to appoint a service provider for a contract who will supply and maintain the plants at Ministry Office district office. For a period of 36 Months. 7 plants <del>13</del> |
|                                                                                                                                                                                        |

**MOTIVATION FOR ACQUISITION:**

Requestor's (Official) Signature *[Signature]*

Date: 2023-03-29

**ALLOCATION OF EXPENDITURE**

| ands               | Voted                                     |
|--------------------|-------------------------------------------|
| Responsibility     | Corporate Services                        |
| Objective          | Auxiliary Services                        |
| Project            | No project                                |
| Net Asset          | Non-Asset Related <i>Office Buildings</i> |
| Regional Indicator | KZN whole Province                        |
| Item               | P/Procuring Services                      |

|                   |              |
|-------------------|--------------|
| Budget Allocation | R 36700 000  |
| Less Expenditure  | R            |
| Less Commitments  | R            |
| Budget Available  | R 36700 000  |
| Budget Estimate   | R 200.000.00 |

Approved / Not Approved

Responsibility Manager: Name: N.P. Kunene

Rank: Acting Director

Signature: *[Signature]*

Date: 29/03/23

Comments: \_\_\_\_\_

**Certification of funds:**

Budget Controller Name: Mkhurazi

Signature: *[Signature]*

Date: 15/04/2023

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:        |