FORM PA001

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

To	MANAGER: SCM	**Requisition No.**	2023101315
Requestor's (Official) Name:	**Samukelisiwe Zuma**	Required delivery Date:	
Designation:	**Auxiliary Services**	Delivery address:	**217 Burger Street**
Business Unit			
Telephone Number	**0332642657/ 076 943 5838**		

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 who will provide cleaning services at Tourism district office on a month to month basis, not exceeding a period of six (06) months. 5

MOTIVATION FOR ACQUISITION:

Requestor's (Official) Signature _____ **Date:** 09/10/2023

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 ; Cleaning Services

Budget Allocation	R 35 550 000
Less Expenditure	R
Less Commitments	R
Budget Available	R 19 054 582,81
Budget Estimate	R162000-00

Approved / Not Approved

Responsibility Manager: Name: SP Cwayi **Rank:** CD - CS

Signature: _____ **Date:** 10/10/2023

Comments: _____

Certification of funds:

Budget Controller Name: G.Nicosi **Signature:** _____ **Date:** 11/10/2023

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 -NTABUSO

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: