FORM PA001

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

To	**MANAGER: SCM**	**Requisition No.**	2024-03-06-01
Requestor's (Official) Name:	**Ayanda Manqele**	Required delivery Date:	
Designation:	**Program Coordinator**	Delivery address:	**270 Jabu Ndlovu Street, PMBURG, 3201**
Business Unit	**Trade & Industry Development**		
Telephone Number	**+27 72 360 1250**		

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

Full Description
Appointment of an events management service provider to co-ordinate and implement the ***BIOMASS FACTORY LAUNCH, HANDOVER OF OVF & FLOOD RELIEF PROGRAMME*** to be held at the Dr Nkosazana Dlamini-Zuma Local Municipality on Tuesday, 12th March 2024.

MOTIVATION FOR ACQUISITION:

BIOMASS FACTORY LAUNCH.

Requestor's (Official) Signature _____ **Date:** 6 MARCH 2024

ALLOCATION OF EXPENDITURE

Funds	**Voted**
Responsibility	**Industrial Development**
Objective	**Industrial Development**
Project	**BIOMASS FACTORY LAUNCH**
Net Asset	**Non-Assets Related**
Regional Indicator	**DC43: Harry Gwala District**
Item	**CONTRCTRS: Event Promoters**
Infrastructure	**Non-Infrastructure S/Alone Cur**

Budget Allocation	**R565 535.00**
Less Expenditure	**R0.00**
Less Commitments	**R0.00**
Budget Available	**R565 535.00**
Budget Estimate	**R500 000.00**

Approved / ~~Not Approved~~

Responsibility Manager: Name: Fikiswa Pupuma **Rank: Acting DDG**

Signature: _____ **Date:** 07 MARCH 2024

Comments: _____

Certification of funds:

Budget Controller Name: N. KANYILE **Signature:** _____ **Date:** 07. 03. 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:	