

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

To	MANAGER: SCM	Requisition No.	2024-030601
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		

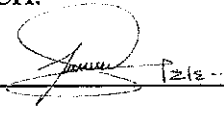
REQUIRED GOODS / SERVICES (For all services/projects TOR must be attached together with the procurement strategy)

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

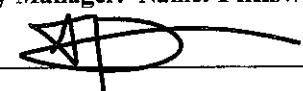
Funds	Voted
Responsibility	Industrial Development
Objective	Industrial Development
Project	BIOMASS FACTORY LAUNCH
Net Asset	Non-Assets Related
Regional Indicator	DC43: Harry Gwala District
Item	CONTRCTRS: Event Promoters
Infrastructure	Non-Infrastructure S/Alone Cur

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: