

Zwele Ixopo

FORM PA001

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

To	MANAGER: SCM	Requisition No.	2025042915
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	39A Margaret street, Ixopo
Designation:		Delivery address:	
Business Unit	Auxiliary Services		
Telephone Number	033 264 2863		

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, to provide Cleaning Services at EDTEA Harry Gwala District office for a period of 06 Months.

MOTIVATION FOR ACQUISITION: In Fulfilling its Obligation to ensure a conducive and clean environment in accordance with the Occupational Health and Safety Act (85 of 1993), the Department seeks to appoint a service provider to render cleaning services to its district offices.

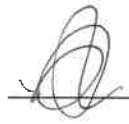
Requestor's (Official) Signature  Date: 29/04/2025

ALLOCATION OF EXPENDITURE

Funds	Voted
Responsibility	Auxiliary Services
Objective	Corporate Services
Project	No Project
Net Asset	Office buildings
Regional Indicator	KZN Whole Province
Item	P/P Cleaning services

Budget Allocation	R 38 250 000
Less Expenditure	R -
Less Commitments	R -
Budget Available	R 38 250 000
Budget Estimate	R156 559.66

Approved / Not Approved

Responsibility Manager: Name:  Rank: Director : Auxiliary Services
 Signature:  Date: 29/04/2025

Comments:

Certification of funds:

Budget Controller Name: Zinkle Nsele Signature:  Date: 29/04/2025

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 Sineke

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: