FORM PA001

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

To	MANAGER: SCM	Requisition No.	20240412002
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	Albert House, Corner of Link Road and R102, Stanger
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: Request SCM: To Appoint a Service Provider, to provide Cleaning Services at iLembe District office for a period of 6 months.

MOTIVATION FOR ACQUISITION: In Fulfilling its Obligation to ensure a conductive 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:** 09/04/2024

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 37320 000.00
Less Expenditure	R
Less Commitments	R
Budget Available	R 37320 000.00
Budget Estimate	R200 000.00

Approved / Not Approved

Responsibility Manager: Name: T. SITHOLE **Rank:** DIRECTOR: AUXILARY

Signature: _____ **Date:** 9/4/24

Comments: _____

Certification of funds:

Budget Controller Name: K. Gumede **Signature:** _____ **Date:** 09/04/2024

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: