FORM PA001

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

To	MANAGER: SCM	Requisition No.	2025101811
Requestor's (Official) Name:	Nonkululeko Ndhlovu	Required delivery Date:	NO 08 Warwick Avenue, Cascades, Pietermaritzburg
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 uMgungundlovu District office for a period of 06 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:** 16/10/2025

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 37 350 000
Less Expenditure	R 25 291 107,81
Less Commitments	R -
Budget Available	R 12 058 892,19
Budget Estimate	R 240 000,00

Approved / Not Approved

Responsibility Manager: Name: MS TR NGWENYA **Rank:** DIRECTOR: AUXILIARY SERVICES

Signature: THOBILE ROSEMARY NGWENYA **Date:** 17/10/25

Comments: _____

Certification of funds:

Budget Controller Name: Zinhle Nsele **Signature:** _____ **Date:** 16/10/2025

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 -SCM/NO21						
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: