

FORM PA001

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

To
 Requestor's (Official) Name: **MANAGER: SCM**
 Designation: **Nonkululeko Ndhlovu**
 Business Unit: **Auxiliary Services**
 Telephone Number: **033 264 2863**

Requisition No. **225042906**
 Required delivery Date:
 Delivery address: **No 52 of 60 Mzolozolo Avenue, Mkuze. 3965**

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 Mkuze 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	R 468 432.06

Approved / Not Approved

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

Comments:

Certification of funds:

1. Budget Controller Name: Zinhle 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

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: