Ntsebi

FORM PA001

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

| | | | |
|---|---|---|---|
| To | MANAGER: SCM | Requisition No. | 2023101317 |
| Requestor's (Official) Name: | Samukelisiwe Zuma | Required delivery Date: | |
| Designation: | Auxiliary Services | Delivery address: | 39 Margaret Street Ixopo |
| Business Unit | | | |
| Telephone Number | 0332642657/ 076 943 5838 | | |

**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 who will provide cleaning services at Ixopo district office on a month to month basis, not exceeding a period of six (06) months. |
| |
| |

**MOTIVATION FOR ACQUISITION:**

**Requestor's (Official) Signature** _____ **Date:** 09/10/2023

**ALLOCATION OF EXPENDITURE**

| ıds | Voted |
|---|---|
| Responsibility | Corporate Services |
| Objective | Auxiliary Services |
| Project | No project |
| Net Asset | Non-Asset Related |
| Regional Indicator | KZN whole Province |
| Item | P/P : Cleaning Services |

| | |
|---|---|
| **Budget Allocation** | R 3550 000 |
| **Less Expenditure** | R |
| **Less Commitments** | R |
| **Budget Available** | R 19 054 5828 |
| **Budget Estimate** | |

**Approved / Not Approved**

**Responsibility Manager: Name:** SP Kunene **Rank:** CD: CS

**Signature:** _____ **Date:** 10/10/2023

**Comments:** _____

**Certification of funds:**

**Budget Controller Name:** G. Nkosi **Signature:** _____ **Date:** 11/10/2023

**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 N/A | | | | | |
|---|---|---|---|---|---|
| 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: | |