NTSEPISENG

FORM PA001

Province of KwaZulu-Natal Department of Economic Development
Requisition form for Goods / Services

To	**MANAGER: SCM**		20240715 2810
Name of Official:	**Nonkululeko Ndhlovu**	**Requisition No.**	**270 JABU NDLOVU STREET, PMB**
Business Unit:	**Auxiliary services**	Delivery Address	
Tel. Number:	**033 264 2863**	Required Delivery Date:	

REQUIRED GOODS / SERVICES (For all services/projects TOR must be attached together with the procurement strategy)

Full Description
Request SCM: MFPCb - To Appoint a Service Provider, to supply and maintain (Leasing) multifunctional copier machine at Resource centre ground floor for the period of 36 months, Through transversal contract RT3-2022.

MOTIVATION FOR ACQUISITION:

The copier machine is a vital need for all offices environment and it helps with the effectiveness, efficiency and productivity of work

Official's Signature _____ **Date:** 10/07/24

ALLOCATION OF EXPENDITURE

Funds	**Voted**
Responsibility	Auxiliary services
Objective	Corporate services
Project	No project
Net Asset	Office equipment
Regional Indicator	KZN EDTEA
Item	Operating leases: other Mach & equip

Budget Allocation	**R** 42 000 000.00
Less Expenditure	**R** 10 447 444,38
Less Commitments	**R**
Budget Available	**R** 31 552 555,62
Projects/Goods/Services Estimated Amount	**R** 418 678-92

Approved / Not Approved

Responsibility Manager: Name and Rank: T. NGWENYA - DIRECTOR AUX.

Signature: _____ **Date:** 11/7/2024

Comments: _____

Budget Controller: Nolwazi Ndlovu **Date:** 12-07-2024

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:	