

PROVINCE OF KWAZULU-NATAL

REQUISITION / WORK INSTRUCTION FOR REPAIR SERVICE

TO: THE HEAD
DEPARTMENT OF PUBLIC WORKS

Email:
Fax No.
Tel No.

FROM: Code Email:
..... Fax No.
..... Tel No.
..... Complaint No.

Kindly attend to the following repairs as a matter of urgency.

Town: Institution:

Description of Repair Required:

Name of Contact Person: Fax No. Tel No.

Physical Address of Institution:

(Tick applicable block below)

- ☐ Inspect and repair without referring back up to cost of R
- ☐ Inspect only and quote.
- ☐ Accept quote of R

I certify that I have been duly authorised to commit the expenditure as result of this request.

Signature of Responsible Authorising Official Print name: Date:

Rank :

For Official Use By Department Of Public Works

Complaint No.: 10/11/ File No.: 10/11/

Received: per Telephone ☐ by Fax ☐ by email ☐ Date:

Faxed to for financial authority Date:

Referred to: Date:

Official signature: Print name:

INSPECTORATE

Received date: Signature:

Inspector WIMS. ID. No. Name:

Service quotations received, if not undertaken by Workshops

(1) R

(2) R

(3) R

Recommendation:

FINANCIAL ADMINISTRATION SERVICES DIVISION

Approval obtained:

Financial Authority by: Date: Delegation: (if a DOW service)

Quotation No. Approved By: Date: Delegation:

WIMS Contract No. Order No. Date

Service Supply Completed Signature: Designation: Date