



REQUEST FOR GOODS AND SERVICES

Compile the information and obtain approvals. Forward the completed and approved form to the PMU. Department forms that are not approved or incomplete will be returned to the requisitioner.

Requisitioner Information:
 Date: 02/01/2025
 Name: Bonye RT
 Department: Administration
 Deliver Location: ZIMBE CENTRE

Item Description	Qty	Estimated Delivery Period	Estimated Unit Cost	Estimated Total Cost
Tobacco Shikishi 10 GLX units				

B: AUTHORIZATION (this authorisation to commence procurement process)

Head of Department/sub programme manager: M. Mutege
 Signature: [Signature] Date: 02/01/2025
 Programme Manager: M. Mutege
 Signature: [Signature] Date: 02/01/2025

(C) CONFIRMATION OF STOCK AND PROCUREMENT PLAN

Deputy Director Administration: [Signature] Date: 02/01/2025
 Deputy Director PMU: [Signature] Date: 02/01/2025

(D) Confirmation of Funds Availability

Chief Accountant: [Signature] Date: 02/01/2025
 Director Finance and Administration: N. M. Mucunusi
 Signature: [Signature] Date: 02/01/2025

Approved/Not Approved:

Ms Bumba
 Please Process
 02/01/2025