

UNIVERSITY OF RUHUNA - MATARA **PURCHASE REQUISITION FORM**

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

E-mail: sabs@admin.ruh.ac.lk

Form No-REQ005	
Date-	

වශුව	Web: http://www.ruh.ac.lk		To be Completed in triplicate							
User	Faculty/Admin Department/Branch Contact Person Telephone No									
	Fund GOSL Yes		Project]	Vote				
Funds		ocation unt				If No, Vice Chancellor's Approval required Approved Vice Chancellor				
Object	Description of the item/ite indented to be purchased		Qty Required	Qty Available	Qty Supplied	Rate	Total value			
	Specification is Attached	_								
Purpose	Normal L If Urgent Provide The	Fast Track L. Justification:	Urgent							
	Prepared By:				Head Of The Department:					
Approval	Recommended/Approved Date				Dean/Registrar/Bursar					
	Approved Date	Registrar		Date	Vi	ce Chancello	or			
Office Use	Please take action to Date	Supply			Assistant Bur	sar (Supplies	s)			

[•] Incompleted forms will be rejected • When Specifications are not provided University Specifications may be used without giving any notice.