



UNIVERSITY OF RUHUNA - MATARA

PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Web: <http://www.ruh.ac.lk>

Form No-

Date-

To be Completed in triplicate

User	Faculty/Admin	
	Department/Branch	
	Contact Person	
	Telephone No	

	Fund GOSL Yes	<input type="checkbox"/>	Project	<input type="checkbox"/>	Vote	<input type="checkbox"/>
Funds	Whether the item/items requested Included			If No, Vice Chancellor's Approval required		
	Procurement Plan	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Approved		
	Budget Allocation				Vice Chancellor	
	Used Amount					
	Balance Available					

Object	Header 1	Header 2	Header 3	Header 4	Header 5	Header 6	Header 7
	Data 1	Data 2	Data 3	Data 4	Data 5	Data 6	Data 7

Purpose	Normal	<input type="checkbox"/>	Fast Track	<input type="checkbox"/>	Urgent	<input type="checkbox"/>
	If Urgent Provide The Justification:					

Approval	Prepared By:	Head Of The Department:		
	Recommended/Approved	Dean/Registrar/Bursar		
	Date			
	Approved			
	Date	Registrar	Date	Vice Chancellor

Office Use	Please take action to Supply	
	Date	Assistant Bursar (Supplies)

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