

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

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ406	
Date-	

<u> </u>	vveb: http://www.run.ac.ik				To be Con	npleted in trip	olicate	
User	Faculty/Admin Department/Branch Contact Person Telephone No							
	Fund GOSL Yes		Project			Vote		
Funds	Whether the item/items requested Included Procurement Plan Yes: No: Budget Allocation Used Amount Balance Available				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	
Purpose	Normal If Urgent Provide The	Fast Track Justification:	Urgent					
	Prepared By:				Head Of The	Department:		
Approval	Recommended/Approved Date				Dean/Registrar/Bursar			
	Approved Date	Registrar		Date		ce Chancello	r	
Office Use	Please take action to Date	Supply			Assistant Burs	sar (Supplies	3)	

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