



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

bvnbvn

Department/Branch

MME

Contact Person

bgfhgfh

Telephone No

4546

Fund GOSL Yes

☐

Project

☐

Vote

☐

Funds

Whether the item/items requested Included

Procurement Plan

Yes:

☐

No:

☐If No, Vice Chancellor's Approval
required

Budget Allocation

65878

Approved

Used Amount

Vice Chancellor

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

☐

Fast Track

☐

Urgent

☐

If Urgent Provide The Justification:

Approval

Prepared By:

Head Of The Department:

Recommended/Approved

Date

Dean/Registrar/Bursar

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.