

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

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ055	
Date-	Ī

<u> </u>	vveb: http://www.run.ac.ik				To be Con	npleted in trip	olicate 		
User	Faculty/Admin Department/Branch Contact Person Telephone No	rtment/Branch DEIE act Person							
	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/iter indented to be purchased	ms Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	bbmb Specification is Attached	1000 Yes	20	5					
Purpose	Normal If Urgent Provide The	Fast Track Justification:	Urgent						
	Prepared By: Head Of					of The Department:			
Approval	Recommended/Approved Date				Dean/Registrar/Bursar				
	Approved Date Registrar			Date	Vice Chancellor				
Office Use	Please take action to S	Supply			Assistant Bur	sar (Supplies	s)		