

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ049	
Date-	

විශුවර්	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	Procurement Plan Yes	Budget Allocation Used Amount				If No, Vice Chancellor's Approval required Approved Vice Chancellor			
Object	Description of the item/item indented to be purchased	s Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	Specification is Attached	∕es							
Purpose	Normal	Fast Track ustification:	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 S Date	upply			Assistant Bur	sar (Supplies	s)		

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