

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ414							
Date-]						

විශුවර	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		get Allocation I 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 No⊡							
Purpose	Normal	Fast Track Ustification:	Urgent						
	Recommended/Approved Date				Head Of The Department:				
Approval					Dean/Registrar/Bursar				
	Approved Date	Registrar		Date	Vi	ce Chancellor	r 		
Office Use	Please take action to S Date	upply			Assistant Bur	sar (Supplies))		

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