

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ066	
Date-	Ī

විශුවව	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	Whether the item/items requested Incl Procurement Plan Yes: No: Budget Allocation Used Amount Balance Available	nt Plan Yes: No: No: nt Plan Yes: No: No: nt Plan Yes: nt Plan Yes: No: nt Plan Yes: nt Plan			If No, Vice Chancellor's Approval required Approved Vice Chancellor			
Object	Description of the item/items cost indented to be purchased	Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	Specification is Attached Yes ☐ No							
Purpose	Normal Fast Track If Urgent Provide The 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 Supply Date			Assistant Bur	sar (Supplies)		

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