

## 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-REQ003	
Date-2024-06-04	

## To be Completed in triplicate

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	Faculty/Admin FO	E									
User	Department/Branch DCEE										
	Contact Person	bgfbgf									
	Tolophono No										
	050	056988520									
	Fund GOSL Yes		Project			Vote					
Funds	Whether the item/items requested Included					If No, Vice Chancellor's Approval					
	Procurement Plan Yes:	No:	required								
	Budget Allocation		↑ Approved								
	Used Amount		Vice Chancellor								
					- Vice Charicelloi						
	Balance Available										
			1					1			
Object	Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value				
	999	2000	2	50							
	ffdxx	56600	200	100				]			
	ffff	2500	2	30				]			
	Specification is Attached Ye	es 🔲 No									
	<u> </u>										
Purpose	Normal F If Urgent Provide The Ju	ast Track  stification:	Urgent								
					Head Of The Department:						
Approval	Recommended/Approved Date			Dean/Registrar/Bursar							
	Approved	pproved									
	Date R	egistrar		Date	V	ice Chancell	or				
Office	Please take action to Su	pply									
Use	Date					Assistant Bursar (Supplies)					