

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-REQ006	
Date-	

To be Completed in triplicate

GIE	web. http://www.run.ac.ik	To be Completed in Inplicate						
User	Faculty/Admin Department/Branch Contact Person Telephone No							
	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/items indented to be purchased Specification is Attached Yes	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value	
Purpose	Normal	rack cation:	Urgent					
	Prepared By:				Head Of The	Department:	1	
Approval	Recommended/Approved Date Approved Date Regis	trar		Date	Dean/Registr	-		
Office Use	Please take action to Supply Date	,			Assistant Bur	sar (Supplies	s)	