



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

Date:

Date

Form No:

REQ017

User

Faculty/Admin

Department/Branch

Contact Person

Contact Number

Funds

Budget Allocation Rs

Used Amount So far Rs

Balance Available Rs

Object

				To be filled by Supplies Division		
Description of the items indented to be purchased	Cost Approximately	Qty Required	Qty Already available	Qty Supplied	Rate	Total value

Purpose

normal

Submission

Send To

dean

Approval

FACULTY/ADMIN

Prepared By _____

Head of the Department _____

RECOMMENDED/APPROVED

Date _____

Dean/Registrar/Bursar _____

FACULTY/ADMIN

Date _____

Registrar _____

Date _____

Vice Chancellor _____

Office Use

PLEASE TAKE ACTION TO SUPPLY

Date _____

Assistant Bursar(Supplies) _____