



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:

2024-04-17

Form No:

REQ008

**User**

**Faculty/Admin**

uk

**Department/Branch**

DEIE

**Contact Person**

8

**Contact Number**

0125

**Funds**

**Budget Allocation Rs**

25

**Used Amount So far Rs**

356

**Balance Available Rs**

35

**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
yu	698	63	3			
jjuu	86	9	97			
ujng	77410	7	5			

**Purpose**

Normal

Submission

Send To

registrar

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)