



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-REQ061

Date-

To be Completed in triplicate

User	Faculty/Admin	
	Department/Branch	
	Contact Person	
	Telephone No	

	Fund GOSL Yes	<input type="checkbox"/>	Project	<input type="checkbox"/>	Vote	<input type="checkbox"/>
Funds	Whether the item/items requested Included				If No, Vice Chancellor's Approval required	
	Procurement Plan	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>			
	Budget Allocation	<input type="text"/>				Approved
	Used Amount	<input type="text"/>				Vice Chancellor
	Balance Available	<input type="text"/>				

Object	<table><tr><th>Description of the item/items indented to be purchased</th><th>Cost</th><th>Qty Required</th><th>Qty Available</th><th>Qty Supplied</th><th>Rate</th><th>Total value</th></tr><tr><td colspan="7" style="height: 150px;"></td></tr></table>							Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value							
	Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value														
Specification is Attached Yes <input type="checkbox"/> No <input type="checkbox"/>																					

Purpose	Normal <input type="checkbox"/> Fast Track <input type="checkbox"/> Urgent <input type="checkbox"/>
If Urgent Provide The Justification:	

Approval	Prepared By: _____		Head Of The Department: _____	
	Recommended/Approved Date _____		Dean/Registrar/Bursar _____	
	Approved Date _____	Registrar _____	Date _____	Vice Chancellor _____

Office Use	Please take action to Supply Date _____	Assistant Bursar (Supplies) _____
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• Incompleted forms will be rejected.
• When Specifications are not provided University Specifications may be used without giving any notice.