

UNIVERSITY OF RUHUNA - MATARA **PURCHASE REQUISITION FORM**

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

E-mail: sabs@admin.ruh.ac.lk

Form No-REQ006	
Date-2024-06-26	

<u> </u>	vveb: http://www.run.ac.ik					To be Con	npleted in trip	olicate	
User	Faculty/Admin Department/Branch Contact Person Telephone No	FOE DEIE Saman 0763982365							
	Fund GOSL Yes			Project			Vote		
Funds		ems requested Included Yes: No: 3000000				If No, Vice Chancellor's Approval required Approved Vice Chancellor			
Object	Description of the item/i		Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value	
	Computer	1:	50000	25	10				
Purpose	Specification is Attached Normal If Urgent Provide Th	Fast T	rack Cation:	Urgent					
	Prepared By:					Head Of The Department:			
Approval	Recommended/Approved Date				Dean/Registrar/Bursar				
	Approved Date Registrar			Date	Vice Chancellor				
Office Use	Please take action to Supply Date				Assistant Bursar (Supplies)				

[•] Incompleted forms will be rejected.
• When Specifications are not provided University Specifications may be used without giving any notice.