

## 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-REQ004	
Date-2024-05-22	

## To be Completed in triplicate

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User	Faculty/Admin Department/Branch Contact Person Telephone No	FOE  MME  qfih  5742472							
	Fund GOSL Yes		Project		]	Vote [			
Funds	Whether the item/item Procurement Plan Budget Allocation Used Amount Balance Available	ms requested Includ	If No, Vice Chancellor's Approval required  Approved  Vice Chancellor						
Object	Description of the item/it indented to be purchase		Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	Specification is Attached	Yes No							
Purpose	Normal If Urgent Provide The	Fast Track   Fast Track   Justification:	Urgent						
	Prepared By:				Head Of The	Department	:		
Approval	Recommended/Approved Date				Dean/Registrar/Bursar				
-	Approved Date	Registrar		Date		ce Chancell	or		
Office Use	Please take action to Date	Supply			Assistant Bur	sar (Supplie	es)		