

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ005	
Date-	

විශුවර	Web: http://www.ruh.ac.lk		To be Completed in triplicate						
User	Faculty/Admin Department/Branch Contact Person Telephone No								
	Fund GOSL Yes		Project]	Vote			
Funds	Whether the item/items requested Included Procurement Plan Yes: No: No: Used Amount Balance Available				If No, Vice Chancellor's Approval required Approved Vice Chancellor				
Object	Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	Specification is Attached Y	es No							
Purpose	Normal	ast Track stification:	Urgent						
					Head Of The Department:				
Approval	Recommended/Approved Date				Dean/Registrar/Bursar				
	Approved Date R	egistrar		Date	Vi	ice Chancello	or		
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.