



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:

Date

Form No:

REQ005

User

Faculty/Admin

Department/Branch

Contact Person

Contact Number

Funds

Budget Allocation Rs

Used Amount So far Rs

Balance Available Rs

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 |

Purpose

Normal

Submission

Send To

dean

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)