



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-REQ002

Date-2024-03-28

To be Completed in triplicate

User	Faculty/Admin	FOE
	Department/Branch	DCEE
	Contact Person	Tharindu
	Telephone No	0769825698

	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"/>	2500000 Approved			
	Budget Allocation	2500000	Vice Chancellor			
	Used Amount					
	Balance Available					

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>Level machine</td><td>50000</td><td>1</td><td>6</td><td></td><td></td><td></td></tr><tr><td>Tape</td><td>20000</td><td>1</td><td>8</td><td></td><td></td><td></td></tr><tr><td>Chair</td><td>15000</td><td>1</td><td>3</td><td></td><td></td><td></td></tr><tr><td>Tables</td><td>65000</td><td>3</td><td>10</td><td></td><td></td><td></td></tr></table>							Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value	Level machine	50000	1	6				Tape	20000	1	8				Chair	15000	1	3				Tables	65000	3	10			
	Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value																																			
	Level machine	50000	1	6																																						
	Tape	20000	1	8																																						
	Chair	15000	1	3																																						
	Tables	65000	3	10																																						
	Specification is Attached Yes <input type="checkbox"/> No <input type="checkbox"/>																																									

Purpose	Normal <input checked="" 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)
------------	---

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