

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-REQ010	
Date-2024-06-26	

To be Completed in triplicate

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User	Faculty/Admin Department/Branch Contact Person Telephone No	FOE DEIE aff 2457							
	Fund GOSL Yes		Project]	Vote			
Funds	Whether the item/item Procurement Plan Budget Allocation Used Amount Balance Available	ms requested Includ Yes: No:	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		
	Chairs Specification is Attached	Yes No	<u>r</u>						
Purpose	Normal If Urgent Provide The	Fast Track Bustification:	Urgent						
	Prepared By:				Head Of The	Department			
Approval	Recommended/Appr Date	roved			Dean/Registr	ar/Bursar			
	Approved Date	Registrar		Date		ce Chancello	or		
Office Use	Please take action to Date	Supply			Assistant Bur	sar (Supplies	s)		

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