

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-REQ008	
Date-2024-07-07	

To be Completed in triplicate

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User	Faculty/Admin Department/Branch Contact Person Telephone No	FOE DCEE Sunil 0452287878							
	Fund GOSL Yes		Project]	Vote			
Funds	Whether the item/iter Procurement Plan Budget Allocation Used Amount Balance Available	ns requested Includ	If No, Vice Chancellor's Approval required Approved Vice Chancellor						
Object	Description of the item/it indented to be purchase	d	Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	hhhh Specification is Attached	50000 Yes	250	12					
Purpose	Normal If Urgent Provide The	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)		