

UNIVERSITY OF RUHUNA - MATARA **PURCHASE REQUISITION FORM**

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ045	
Date-	

<u> </u>	vveb: http://www.run.ac.ik					To be Con	npieted in trip	olicate			
User	Faculty/Admin Department/Branch Contact Person Telephone No	jk DEIE kj 5212									
	Fund GOSL Yes			Project]	Vote				
Funds		ems requested Included Yes: No: 5000000				If No, Vice Chancellor's Approval required Approved Vice Chancellor					
Object	Description of the item/it indented to be purchase		Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value			
	ghg hjhh		100000 50000	522 25	5 2]		
Purpose	Specification is Attached Normal If Urgent Provide The	Yes Fast Justif	Track \Box	Urgent							
	Prepared By:					Head Of The Department:					
Approval	Recommended/Approved Date					Dean/Registrar/Bursar					
	Approved Date Registrar				Date						
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.