



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:

REQ019

### 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

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Head of the Department

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**RECOMMENDED/APPROVED**

Date

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Dean/Registrar/Bursar

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**FACULTY/ADMIN**

Date

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Registrar

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Date

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Vice Chancellor

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**Office Use**

**PLEASE TAKE ACTION TO SUPPLY**

Date

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Assistant Bursar(Supplies)

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