

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

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E-mail: sabs@admin.ruh.ac.lk
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Form No-REQ019	
Date-2024-06-19	

To be Completed in triplicate

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User	Faculty/Admin Department/Branch Contact Person Telephone No	sdfsgfd DEIE ffgf hghjj							
	Fund GOSL Yes		Project]	Vote			
Funds		ocation 78				If No, Vice Chancellor's Approval required Approved Vice Chancellor			
Object	Description of the item/it indented to be purchase	ems Cost d	Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	Specification is Attached	Yes No							
Purpose	Normal If Urgent Provide The	Fast Track Justification:	Urgent						
					Head Of The Department:				
Approval	Recommended/Approved Date				Dean/Registrar/Bursar				
	Approved Date	Registrar		Date		ce Chancello	or		
Office Use	Please take action to Date	Supply			Assistant Bur	sar (Supplie	s)		