

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ029	
Date-	

විශුවර	Web: http://www.ruh.ac.lk	To be Completed in triplicate					
User	Faculty/Admin Department/Branch Contact Person Telephone No						
	Fund GOSL Yes	Project]	Vote		
Funds	Whether the item/items requested Included Procurement Plan Yes: No: No: Used Amount Balance Available			If No, Vice Chancellor's Approval required Approved Vice Chancellor			
Object	Description of the item/items indented to be purchased	Qty Required	Qty Available	Qty Supplied	Rate	Total value	
	Specification is Attached Yes □ No	o					
Purpose	Normal Fast Track If Urgent Provide The Justification:	_					
	Prepared By:			Head Of The	Department:		
Approval	Recommended/Approved Date	Dean/Registrar/Bursar					
	Approved Date Registrar		Date		ce Chancello	or	
Office Use	Please take action to Supply Date			Assistant Bur	sar (Supplies	s)	

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