

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ015	
Date-	

0990	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: Budget Allocation Used Amount Balance Available				If No, Vice Chancellor's Approval required Approved Vice Chancellor			
Object	Description of the item/item indented to be purchased	s Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value	
	Specification is Attached	∕es □□ No						
Purpose	Normal	Fast Track ustification:	Urgent					
	Prepared By:				Head Of The	Department:		
Approval	Recommended/Approved Date			Dean/Registrar/Bursar				
	Approved	Registrar		Date		ce Chancello	or	
Office Use	Please take action to S Date	upply			Assistant Bur	sar (Supplies	s)	