

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

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ003	
Date-	

වශුව	Web: http://www.ruh.ac.lk	To be Completed in triplicate								
User	Faculty/Admin Department/Branch Contact Person Telephone No	ddd DEIE								
	Fund GOSL Yes			Project			Vote			
Funds		n ₂₀₀₀₀				If No, Vice Chancellor's Approval required Approved Vice Chancellor				
Object	Description of the item/i			Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	cfhh Specification is Attached	2500 Yes		2500	25					
Purpose	Normal If Urgent Provide Th	Fast Track e Justificatior	n:	Urgent						
						Head Of The	Head Of The Department:			
Approval	Recommended/Approved Date Dean/Registrar/Bursar									
	Approved Date Registrar Date				Date	Vice Chancellor				
Office Use	Please take action to Date	Supply				Assistant Bur	sar (Supplie	es)		

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