

UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ016	
Date-	Ī

විශුවේ	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/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value	
	Specification is Attached Yes	No						
Purpose	Normal Fast T If Urgent Provide The Justific	rack ation:	Urgent					
	Prepared By: Head Of The Department:							
Approval	Recommended/Approved Date Dean/Registrar/Bursar							
	Approved Date Regis	trar		Date	Vi	ce Chancellor	r	
Office Use	Please take action to Supply Date				Assistant Bur	sar (Supplies))	

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