

## UNIVERSITY OF RUHUNA - MATARA

PURCHASE REQUISITION FORM Supplies Branch

Tel: Extension 2115 Fax 041 2227027

E mail - sabs@admin.ruh.ac.lk Web - http://www.ruh.ac.lk

Date:

**Approval** 

Date

Form No: REQ011

User						
Faculty/Admin						
Department/Branch						
DEIE						
Contact Person						
Contact Number						
Funds Budget Allocation Rs						
Used Amount So far Rs						
Balance Available Rs						
Object						
				To be filled by Supplies Division		
Description of the items indented to be purchased	Cost Approximately	Qty Required	Qty Already available	Qty Supplied	Rate	Total value
Purpose						
Normal						
Submission						
Send To						
dean						

Prepared By	
Head of the Department	
- Tread of the Department	
RECOMMENDED/APPROVED	
Date	
Dean/Registrar/Bursar	
FACULTY/ADMIN	
Date	
Registrar	
Date	
Vice Chancellor	
Office Use	
PLEASE TAKE ACTION TO SUPPLY	
Date	
Assistant Bursar(Supplies)	

FACULTY/ADMIN