



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:

Date

Form No:

REQ059

User

Faculty/Admin

Department/Branch

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

Approval

FACULTY/ADMIN

Prepared By

Head 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)
