

## 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: REQ022

User						
Faculty/Admin						
Department/Branch						
Contact Person						
Contact Number						
Funds						
Budget Allocation Rs						
Used Amount So far Rs						
Balance Available Rs						
Object						
				To be fille	d by Sı	upplies
	T	Γ	T	Di	vision	<b>-</b>
Description of the items indented to be purchased	Cost Approximately	Qty Required	Qty Already available	Qty Supplied	Rate	Total value
L						
Purpose						
normal						
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