



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>

Form No-REQ004

Date-

To be Completed in triplicate

User	Faculty/Admin	
	Department/Branch	
	Contact Person	
	Telephone No	

	Fund GOSL Yes	<input type="checkbox"/>	Project	<input type="checkbox"/>	Vote	<input type="checkbox"/>
--	---------------	--------------------------	---------	--------------------------	------	--------------------------

Funds	Whether the item/items requested Included		If No, Vice Chancellor's Approval required Approved Vice Chancellor
	Procurement Plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Budget Allocation	<input type="text"/>	
	Used Amount	<input type="text"/>	
	Balance Available	<input type="text"/>	

Object	<table><tr><th>Description of the item/items indented to be purchased</th><th>Cost</th><th>Qty Required</th><th>Qty Available</th><th>Qty Supplied</th><th>Rate</th><th>Total value</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>							Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Description of the item/items indented to be purchased	Cost	Qty Required	Qty Available	Qty Supplied	Rate	Total value														
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Specification is Attached Yes <input type="checkbox"/> No <input type="checkbox"/>																					

Purpose	Normal <input type="checkbox"/> Fast Track <input type="checkbox"/> Urgent <input type="checkbox"/> If Urgent Provide The Justification:
---------	---

Approval	Prepared By:	Head Of The Department:
	Recommended/Approved Date	Dean/Registrar/Bursar
	Approved Date	Registrar Date Vice Chancellor

Office Use	Please take action to Supply Date	Assistant Bursar (Supplies)
------------	--------------------------------------	-----------------------------

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