



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-REQ055

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></table> | | | | | | | Description of the item/items indented to be purchased | Cost | Qty Required | Qty Available | Qty Supplied | Rate | Total value |
|--|---|------|--------------|---------------|--------------|------|-------------|--|------|--------------|---------------|--------------|------|-------------|
| | Description of the item/items indented to be purchased | Cost | Qty Required | Qty Available | Qty Supplied | Rate | Total value | | | | | | | |
| 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.