

## UNIVERSITY OF RUHUNA - MATARA PURCHASE REQUISITION FORM

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

E-mail: sabs@admin.ruh.ac.lk

Form No-REQ032	
Date-	

0000	Web: http://www.ruh.ac.lk	To be Completed in triplicate								
User	Faculty/Admin Department/Branch Contact Person Telephone No	Department/Branch Contact Person								
	Fund GOSL Yes			Project			Vote			
Funds	Whether the item/items requested Included Procurement Plan Yes: No:  Budget Allocation Used Amount Balance Available				If No, Vice Chancellor's Approval required  Approved  Vice Chancellor					
Object	Description of the item/it indented to be purchase		t	Qty Required	Qty Available	Qty Supplied	Rate	Total value		
	Specification is Attached	Yes [	No							
Purpose	Normal  If Urgent Provide The	Fast Trace Justification	k 🔲 on:	Urgent						
	Prepared By:					Head Of The	Department:			
Approval	Recommended/Approved Date				Dean/Registrar/Bursar					
	Approved Date	Registrar			Date		ce Chancello	or		
Office Use	Please take action to Date	Supply				Assistant Bur	sar (Supplies	s)		

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