

UNIVERSITY OF RUHUNA - MATARA **PURCHASE REQUISITION FORM**

Supplies Branch

Tel: Extension 2115 Fax 041 2227027

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

Form No-REQ017	
Date-	

<u> </u>	vveb: http://www.run.ac.ik				To be Con	npieted in tri	iplicate	
User	Faculty/Admin Department/Branch Contact Person Telephone No							
	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		Qty Required	Qty Available	Qty Supplied	Rate	Total value	
	Specification is Attached	Yes No						
Purpose	Normal	Fast Track Justification:	Urgent					
	Prepared By:				Head Of The	Department	t:	
Approval	Recommended/Appr Date	oved			Dean/Registr	ar/Bursar		
	Approved Date	Registrar		Date	Vi	ce Chancell	or	
Office Use	Please take action to Date	Supply			Assistant Bur	sar (Supplie	es)	

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