| 1. 9 (J. 3).  | UNIVERSITY OF RUHUNA - MATARA                               |                     |                 |              |                       | <b></b>                       |                      |                                |  |
|---------------|---|---------------------|-----------------|--------------|-----------------------|-------------------------------|----------------------|--------------------------------|--|
|               | PURCHASE REQUISITION FORM<br>Supplies Branch                |                     |                 |              |                       | Fo                            | Form No-             |                                |  |
|               | Tel : Extension 2115 Fax 041 2227027                        |                     |                 |              |                       | Da                            | Date -               |                                |  |
| B D GO D C D  | E mail - sabs@admin.ruh.ac.lk<br>Web - http://www.ruh.ac.lk |                     |                 |              |                       | To be Completed in triplicate |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
| User          | Faculty/Admin   |                     |                 |              |                       |                               |                      |                                |  |
| USCI          | Department/Branch   |                     |                 |              |                       |                               |                      |                                |  |
|               | Contact Person - Telephone No -                             |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
| Funds         | Funds GOSL Yes  | Project             |                 |              | Vote                  |                               |                      |                                |  |
|               | Whathar the item/items requested                            |                     |                 |              |                       | * If No should get the Vice   |                      |                                |  |
|               | Included in procurement Plan                                |                     |                 |              | Chancellor's Approval |                               |                      |                                |  |
|               | Yes NO  |                     |                 |              |                       | vod                           |                      |                                |  |
|               | Budged Allocation Rs.                                       |                     |                 |              |                       |                               |                      |                                |  |
|               | Used Amount So far Rs.                                      |                     |                 |              |                       |                               |                      |                                |  |
|               | Balance Available   | Rs. Vice Chancellor |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
| Object        | Description of the item/it                                  | ems indented to     | Cost            | Qty.         | Qty.                  | Should be f<br>Qty.           | filled by Su<br>Rate | pplies Division<br>Total value |  |
|               | be purchase   |                     | (Approximately) | Required     | Already<br>Available  | Supplied                      |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               |   | A                   | <b>T</b>        | <b>N</b> T [ | 1                     |                               |                      |                                |  |
|               | Specification is  | Attached            | Yes             | No           | ]                     |                               |                      |                                |  |
| Purpose       | Normal Fast Track Urgent                                    |                     |                 |              |                       |                               |                      |                                |  |
|               | If Urgent Provide The Justification :                       |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
| Approval      | Prepared By - Head Of The Department -                      |                     |                 |              |                       |                               |                      |                                |  |
|               | Recommended/Approved  |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               | Date Dean/Registrar/Bursar Approved                         |                     |                 |              |                       |                               |                      |                                |  |
|               |   |                     |                 |              |                       |                               |                      |                                |  |
|               | Date  | Registrar           | Ι               | Date         | Vie                   | ce Chancel                    | lor                  |                                |  |
|               | Please take action to S                                     | Supply              |                 |              |                       |                               |                      |                                |  |
| Office<br>Use |   | <b>FF</b> -J        |                 |              |                       | (0 1)                         |                      |                                |  |
| -             | Date  |                     |                 | As           | sistant Bur           | sar (Suppli                   | les)                 |                                |  |

• Incompleted forms will be rejected.

• When Specifications are not provided University Specifications may be used without giving any notice.