

**CAPITAL GOODS REQUISITION FORM**

**FORM C**

<b>For the use of Supplies Division ONLY</b>	
<b>A</b>	<b>Information</b>
	All the information requested under 1,2,3,4,5,6,7 and 8 in the below table are completed Yes
<b>B</b>	Relevant Subject Clerk
Deputy/ Senior Assistant/ Assistant Bursar/ Supplies Date: .....	

<b>To be filled by the Requesting Faculty/ Department/ Division/ Centre/ etc.</b>	
<b>1</b>	<b>Basic Information</b>
	Date
	Administration/ Faculty/ Centre
	Division/ Department
	Name of the Self Finance Course/ Research Grant/ Centre/ etc. if Applicable
<b>2</b>	<b>Description of Requested Item (Please note that for each item a separate Capital Goods Requisition Form has to be used).</b>
	Name of the Item
	Quantity Required
	Minimum Technical Specifications Attached Yes/ No
<b>3</b>	<b>Details of Existing Items</b>
	Existing Quantity of the Item at the Division/ Department
	Whether this Request is relevant to a Replacement of an Existing Item Yes/ No
	If yes, please provide the following details:
	Year that Purchased the Existing Item
	Number in the Fixed Asset's Register of the Existing item, if available
	Serial Number of the Existing Item, if Applicable
	Inventory Page Number of your Division/ Department
	Reason for the Replacement (If the given space is not sufficient, please attach a separate document signed by the Requestor and recommended by the Head of the Department/ Division).
<b>4</b>	<b>Fund Details</b>
	Estimated Cost LKR
	Source of Funds to be Utilized 1. 2.
	Confirmation of Availability of Funds
	Dean/ Head of Department, <i>*This is for Faculties and CDCE ONLY</i> I confirm that the above item is included in the Faculty Procurement Plan 20... under number ..... for LKR ..... utilizing the ..... fund.  Deputy/ Senior Assistant/ Assistant Registrar/ Faculty of ..... Date: .....
	Dean/ Librarian/ Registrar/ Bursar/ Head of Department/ Division, I confirm that the above item is included in the Master Procurement Plan 20... under number .....  Deputy/ Senior Assistant/ Assistant Bursar/ Accounts Date: .....
	Dean/ Librarian/ Registrar/ Bursar/ Head of Department/ Division, I confirm the availability of LKR ..... from the ..... fund for this procurement.  Deputy/ Senior Assistant/ Assistant Bursar/ Accounts/ Payments/ FOM/ FGS/ CDCE Date: .....
<b>** Please note that, if not printed on both sides of the sheet, HOD has to initiate the first page also.</b>	

<b>5</b>	<b>Requestor's Details</b>	
	Name of the Requestor	
	Requestor's Contact Information: Mobile No.: Extension: Email Address:	
	Signature of the Requestor	
<b>6</b>	<b>Recommendation</b>	
	Dean/ Librarian/ Registrar, I confirm the details given under number 2, 3 and 4 are correct, and funds are available. I recommend purchasing the item mentioned under number 2, utilizing the said source of fund, for the use of the Faculty/ Division/ Department/ Centre/ Programme/ Research. Also, the above requestor is appointed to coordinate this procurement on my behalf.	
	Head of the Department/ Division/ .....	Date: .....
<b>7</b>	<b>Approval</b>	
	Bursar, I approve the purchase of above item with an estimate cost of LKR ..... from the ..... fund and confirm the availability of funds.	
	Dean/ Librarian/ Registrar	Date: .....
<b>8</b>	Deputy/ Senior Assistant/ Assistant Bursar/ Supplies, Commence the procurement process.	
	Bursar	Date: .....

<b>For the use of Supplies Division ONLY</b>		
<b>C</b>	<b>For Procurement Plan Progress</b>	
	Included/ Entered in the Supplies Division's Procurement Plan	Yes
	Signature of the Subject Clerk & Date	
<b>D</b>	<b>Relevant ONLY for IT and Office Equipment Replacement (Subject Clerk has to submit these details before commencing the procurement process).</b>	
	If applicable, Old Purchase Order Details that Purchased the Existing Item	
	Number	
	Date	
	Supplier	
	Warranty Period mentioned	
	Whether the Warranty Period has LAPSED as of the Requested Date	Yes/ No
	Signature of the Subject Clerk & Date	
<b>E</b>	<b>Actions Taken if Warranty Period has not Lapsed</b>	
	Update the RETURN of Capital Goods Requisition Form in the Supplies Division's Procurement Plan	
	Subject Clerk	Date: .....
	Letter was prepared to inform the RETURN of Capital Goods Requisition Form to the Dean/ Librarian/ Registrar/ Head of the Department/ Division/ Director dated .....	
	Subject Clerk	Date: .....
	Deputy/ Senior Assistant/ Assistant Bursar/ Supplies	
		Date: .....