**Faculty Supplies Committee**

**Faculty of Veterinary Medicine & Animal Science**

**University of Peradeniya**

(This form must be filled by all who request any goods including equipment/vehicles/furniture etc., to the value up toRs. 500,000/=. The soft copy of the form can also be downloaded from the Faculty Website)

| **No.** | **Information required** | **To be filled by the Requester** |
| --- | --- | --- |
| **1** | Equipment Requested and Quantity (Use a separate form for unrelated equipment) |  |
| **2** | Date submitted to the FSC |  |
| **3** | Name of the Requester DesignationEmail address Telephone Number |  |
|  |
|  |
|  |
| 4 | Who will be responsible for the equipment (position) |  |
| **5** | Where will the equipment be placed |  |
| **6** | Department/Division |  |
| **7** | Recommendation of the HOD Date |  |
|  |
| **8** | Whether included to the current year Procurement Plan (Yes/No). If Not, Why? | *Yes No*  |
| **9** | When do you want the equipment(please note that the total procurement process will take at least three months) |  |
| **10** | The source of funding for the equipment |  |
| **11** | Short Description of the Equipment (Specifications and a photograph/diagram to be attached) |  |
| **12** | Rough price range |  |
| **13** | Availability of Funds (should be filled by the Asst. Bursar/Snr. Asst. Bursar of the faculty) | Funds available Funds Not available*Signature of the AB* |
| **14** | Intended purpose of the equipment along with the users |  |
| **15** | The estimated number of users (per week) |  |
| **16** | Do you have one or more equipment that serve the same purpose? How many |  *Yes No*  |
|  **17** | Details of the existing equipment/s if available *current state (state separately if more than one equipment)* *If they are not usable, what action have you taken regarding them* *Date on which the existing equipment/s purchased (Pl. specify the year*) |  |
|  |
|  |

* Please note that no cage should be kept blank.

**Approval of the Faculty Supplies Committee**

Approved / Not approved

**Comments if any ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Designation** | **Capacity** | **Agree with the**  **decision/s (Yes/No)** | **Signature** |
|  | Dean/FVMAS | Chairman |  |  |
|  | Head/DBVS | Member |  |  |
|  | Head/DVPB | Member |  |  |
|  | Head/DVPHP | Member |  |  |
|  | Head/DVCS | Member |  |  |
|  | Head/DFAPH | Member |  |  |
|  | AB/FVMAS | Member |  |  |
|  | SAR/FVMAS | Member |  |  |

FSC No:………………. Date:…………………

Head/Dept of ……………………………………….

I’m herewith forwarding the decision of the Faculty Supplies Committee No:---- ---- which was held on …………………….. for your information & necessary actions please.

…………………………..

SAR/FVMAS