

**University of Ruhuna, Faculty of Allied Health Sciences**  
**Inventory Service Certificate**

01. Order No:-.....
02. Item No:-.....
03. Description of Goods/Services:-.....
04. Model:-.....
05. Serial No:-.....
06. Quantity:-.....
07. Name of Supplier.....
08. Invoice/Receipt No.....
09. Invoice Date.....
10. GRN No.....
11. GRN Date.....
12. Value as per Invoice (A) .....
13. Value as per Order (B) .....
14. Reason for Difference.....
15. Stock Book Page No.....
16. Department Inventory Page No.....
17. Name of Recipient.....

I hereby certify that the good on the above indent have been supplied to my department is good order and have been brought on charge as stated above the service have been rendered satisfactorily.

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Head of the Department

Date:-.....