## APPLICATION FOR AN ADVANCE PAYMENT / REIMBURSEMENT OF AIR FARE ON SABBATICAL LEAVE / STUDY LEAVE

01. Name	:	
02. Designation	:	
03. Department	:	
04. Duration of Leave	:	
05. Whether entitled to Full Passage,		
if not, % eligible	:	
06. Amount payable (Self / Spouse / Both)	:	
(If reimbursement, please attach	:	
08. I hereby declare that neither I nor my wife / husband received a travel grant from any other source and that the information supplied above is true and correct. I also hereby undertake to produce the tickets before I leave the Island.		
09. I/We hereby agree to surrender the counterfoil of the said air ticket / tickets as soon as I / We return to the Island		
Date	Signature of Applicant	
Vice-Chancellor		
Payment recommended and forwards	ed please	
Date	Head of the Department	
Date	Dean of the Faculty	
	Contdp/2	

## FOR OFFICE USE ONLY

## **ACADEMIC ESTABLISHMENTS:**

10. The above named Professor / Senior pay leave.	Lecturer / Lecturer had been granted Full pay / No	
<ul> <li>11. The above named Professor / Senior Lecturer / Lecturer and his / her wife / husband is / are entitled to Full / Half /</li></ul>		
	Deputy Registrar / Senior Assistant Registrar / Assistant Registrar Academic Establishments	
ACCOUNTS BRANCH		
13. The air fare from Colombo to to Colombo is Rs.	/ from	
14. Therefore, the amount payable per p	erson is Rs	
15. Total amount payable is Rs		
Pro	epared by:	
Ch	ecked by:	
Vice-Chancellor / Registrar / Bursar / As	ssistant Bursar	
For approval to pay the amount given in	(15) above please.	
	Signature	
16. Recommendation of the Registrar / I	Bursar / Assistant Bursar.	
17. Approval of the Vice-Chancellor to j	Signature pay the amount given in (15) above.	
Date:	Signature	