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

1. Name: ………………………………………………………………………………….

………………………………………………………………………………………….

1. Designation: ……………………………………………………………………………
2. Department: …………………………………………………………………………….
3. Duration of Leave: ……………………………………………………………………..
4. Whether entitled to Full Passage,   
   if not, eligible: ………………………………………………………………………………………….
5. Amount payable: …………………………………………………………………………………………..  
   (Self / Spouse / Both)
6. The amount payable: ………………………………………………………………………………………….  
   (If reimbursement, please attach counterfoils)  
   I herewith attach a letter (Photocopy) from the Awarding Agency for your reference.
7. 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.
8. 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 forwarded please

…………………. ……………………………….  
 Date Head of the Department

…………………. ……………………………….  
Date Dean of the Faculty  
 Cont.…..p/2

**FOR OFFICE USE ONLY**

**ACADEMIC ESTABLISHMENTS:**

1. The above named Professor / Senior Lecturer / Lecturer had been granted Full pay / No pay leave.
2. The above named Professor / Senior Lecturer / Lecturer and his / her wife / husband is /are entitled to Full / Half / ………………………… Passage.
3. The amount given at (6) above is therefore recommended as he / she is not getting a  
   travel grant. He / She has used / not used any railway warrants.

Date: ……………………… …………..…………………………………  
 Deputy Registrar / Senior Assistant Registrar /  
 Assistant Registrar  
 Academic Establishments

**ACCOUNTS BRANCH**

1. The air fare from Colombo to …………………………………………… / from ………...…………………. to Colombo is Rs: …………………………………..
2. Therefore, the amount payable per person is Rs…………………………………..
3. Total amount payable is Rs: …………………………………………………..  
    Prepared by: ………………………..  
    Checked by: …………………………

Vice-Chancellor / Registrar / Bursar / Assistant Bursar  
For approval to pay the amount given in (15) above please.

…………………………  
 Signature

1. Recommendation of the Registrar / Bursar / Assistant Bursar

…………………………  
 Signature

1. Approval of the Vice-Chancellor to pay the amount given in (15) above.

|  |  |
| --- | --- |
| ……………………….  Date | …………………………  Signature |