

**Department of Physical Education
Wayamba University of Sri Lanka
Issuing of Items**

Name.....Student Number / Designation.....Reason.....
 Department / Institute / Section / Society / Other.....

No	Description of Items	Borrowed on -		Returned on		
		Quantity	Signature	Office	Quantity	Signature
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Approved
 (Director of Physical Education)
 Date.....

Reasons for not returning all items

No	Item	Lost	Damage	Misplace	Signature	Office	Remark
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							