THE OPEN UNIVERSITY OF SRI LANKA
PAYING-IN-SLIP

Reg. No.

Eligible for Library Membership

Amount to be paid Rs. .....

....

Date *Signature*

Shroff (Colombo Regional Centre),
Open University of Sri Lanka.

A. Please accept Rs ..... cts

(Rs..... cts) being .....

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Name of the Payer : .....

Address : .....

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Signature : ..... Date: .....

B. Recommendation of the Head of the Division : ..... Date : .....

C. This amount should be credited to Revenue Head : .....

.....

Date : ....

Book Keeper

D. Shroff,

Please credit Rs.....cts.

(Rs..... cts.) to the above Revenue Head.

Date: ....

Bursar

Receipt No : .....

Date .....