Name: -…………………………….…………………………….…………………………….

Department: -…………………………………………………….…………………………….

Faculty: -…………………………..…………………………….…………………………….

Date:-………………………………

Contact Information - Tel: - ……………….............

 Mobile: -……………………

 E-mail: -……………………

Acting Librarian

Wayamba University of Sri Lanka

Kuliyapitiya.

**Request for Books year …………………**

Please take necessary action to acquire attached list of Books/ Journals/ CD/ DVD/ to Main Library/ Makandura Library/ Faculty Library, Labuyaya as soon as possible. Those books will be needed for students and staff of the Faculty for the year…………………..

Yours

Sincerely

…………….

Signature

Recommended and Forwarded:-……………………………………..

 Head / Department of……………….…………………………….

  *(Rubber Stamp)*

Recommended: -.……………………………………………………….

 Dean / Faculty of…………………………………………………….

  *(Rubber Stamp)*