



**SOUTH EASTERN UNIVERSITY OF SRI LANKA
GATE PASS (NON - RETURNABLE ITEMS)**

Dept. Copy	
Admin Copy	
Gate Copy	

Please Mark (X)

Name			
Designation			
Department			
Where the items are sent to (address)			
Reason			
SN	Item Description	Serial No. / Inventory No.	Qty
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

.....
Date

.....
Signature of the Applicant

Checked and Noted

Approved

.....
Department Inventory Clerk

.....
Head of the Department

Necessary records were made and items were released

.....
Security Officer

.....
Chief Security Officer

GENERAL INSTRUCTION

Three copies of the Gate Pass should be prepared. One copy should be retained by the **Originating Department**, one copy has to be sent to the **Administration Division**, and the other copy has to be handed over to the **Security Gate**.