

UNIVERSITY OF VAVUNIYA, SRI LANKA

Journal Fee Reimbursement Request Form

(Only for Article Processing Charges (APCs) of indexed Journals)

1. Name of the Applicant:
2. Designation:
3. Department/Unit of study:
4. E-mail address:
5. Journal Name:
6. Article Title:
7. Authors:
8. DOI:
9. Publisher:
10. Publication Date:
11. Indexing (e.g., Scopus, WoS):
12. Registration Fee Amount (in LKR):
13. Payment Method(Bank Transfer / Card / Other) :
14. Date of Payment:
15. Receipt Number:
16. i. Whether any reimbursement claimed for a journal within the same year? Yes / No
- ii. If yes, please provide the details below:
 - a. Journal Name:
 - b. Publication Date:
 - c. Amount Paid:

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Signature of the Applicant

.....
Date

17. Recommendations

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URC Chairperson

.....

Date

Eligible amount recommended

18. Certification

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DR/Establishment

.....

Date

19. Approval

Approved / Not Approved

.....

Vice Chancellor

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Date:

Terms and Conditions:

1. This reimbursement is for Article Processing Charges (APCs) paid for indexed Journals only.
2. The form must be submitted within Two weeks of publication.
3. All required documents, including proof of payment (receipt or bank statement), must be attached with this form.
4. A maximum of Rs. 75,000 can be requested as the APCs reimbursement annually.

