



**CENTRE FOR DISTANCE & CONTINUING EDUCATION  
UNIVERSITY OF PERADENIYA  
DEPARTMENTAL COORDINATORS MONTHLY CLAIM FORM**



- a) Name of the Claimant:.....
- b) Department:.....
- c) Address:.....
- d) E-Mail Address:.....
- e) Contact No: :.....

Date	Description	Month	Amount
<b>Amount in word :</b>			

*I certify that the above details are true and correct ,*

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**Signature of the Claimant**  
Date:

**Recommended for Payment**

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**Signature of the Academic Coordinator**  
Date: