



Centre for Distance & Continuing Education
University of Peradeniya
SEMINAR VOUCHER



Office use

i.Examination Service:

ii.Account No:

iii.Voucher No:

- a. Name of Claimant
- b. Dept. c. U.P.F. No :
- d. Address (for use of External Examiners only)
- e. Email address : University T:Phone No:

Date	Course Code	Session	Payments		
			Lectures	Handouts	Total (Rs.)
			Total (Rs.)		

II

.....
g. Signature of Claimant

h. Checked by :
Date :

Payment Recommended

.....
Assistant Registrar/ (CDCE)

III

Prepared by :
Checked by :

Votes ledger Folio No:
Cheque No:
Date of Payment :

Payment Approved

.....
Deputy Registrar/ (CDCE)

- a. I certify from personal knowledge from the certificates in the relevant files that the above services / works were duty Authorized and performed and that the payment of Rupees :and cents is in accordance with regulations/ contract fair and reasonable.

b. Date :

.....
c. Bursar (CDCE)

IV Receipt

a. Received thisDay of20 in settlement of the above account the sum of Rupees Cents

b. Witness :

.....
c. Signature of Recipient



Centre for Distance & Continuing Education
University of Peradeniya
PAYMENT PROCEDURE



Name of the Claimant :-

CLAIM RECEIVED TO	RECEIVED DATE	SIGNATURE DATE
Subject Clerk CDCE		
Deputy Director/ Exams/Learning Resources/ Training		
Senior Assistant Registrar		
Director/CDCE		

To be used in Financial Administration Branch

CLAIM RECEIVED TO	RECEIVED DATE	SIGNATURE DATE
(1) Account Clerk		
(2) Account Clerk checking		
Assistant Bursar		
Cheque writing Clerk		Writing Date -----