



**Centre for Distance & Continuing Education
University of Peradeniya**



**BBA (ONLINE) PROGRAMME
CERTIFICATION OF WORK PERFORMANCE
(For Face-To-Face Sessions)**

U.P.F. NO:
Name of the Claimant:
Designation:- TUTOR-MENTOR (PART TIME)
Course Code & Title:
Contact No:
E-mail address:
Bank Account No: Branch :

For office use
only

Date / Day / Time of the session: -

No. of hours worked:-

Claim Amount (Rs.):-

Attendance checked: - Yes No

.....
Signature of claimant
Date:

Recommended/not recommended for the above payment

.....
Deputy Director-LR /Training /Examination,CDCE
Date:

PAYMENT PROCEDURE

CLAIM RECEIVED TO	RECEIVED DATE	SIGNATURE DATE
Subject Clerk / CDCE		
Academic Coordinator		
Deputy Director-LR/ CDCE		
Assistant Registrar / CDCE		
Deputy Registrar/CDCE		

To be used in Financial Administration Branch

CLAIM RECEIVED TO	RECEIVED DATE	SIGNATURE DATE
Account clerk		
Account clerk for checking		
Assistant Bursar		
Cheque writing clerk		Writing Date -----