Voucher No.....

UNIVERSITY OF PERADENIYA

Project: Examination Services

Account No.....

Name of Claimant: ..... Designation: .....

(Name of Supervisor/ Invigilator/ Hall Attendant/ Lab. Tech./ Lab. Attendant/ Lab. Labourer)

Department: .....

DETAILS OF SUPERVIOSN/ INVIGILATION/ HALL WORK/ LAB. WORK

(a). Name of Examination: .....

(b). Examination Centre(s): .....

Date	Morning 9.00-12.00	Afternoon 2.00-5.00	Amount Rs. Cts.	Signature of Supervisor
Total				

Prepared by: .....
Checked by: .....
Votes Ledger Folio No: .....
Cheque No: .....
Date of Payment: .....

.....
Signature of Claimant

Checked by: .....
Date: .....
Recommended for payment

.....
Deputy Registrar

I Certify from personnel knowledge/from the certificates in the relevant files that the above services/works were duly authorized and performed and that the payment of Rupees ..... and cents ..... is accordance with regulations/contracts fair and reasonable.

.....
Senior Asst. Bursar

Received this ..... day of ..... 200 in settlement of the above account the sum of Rupees .....

.....
Signature of Recipient

Witness: .....

.....