



Distance and Continuing Education Unit
University of Ruhuna

Payment Request Form: Management Assistants (On Assignment Basis)

Name:

Programme:

Month:

No. of days reported to the work:

Main duties performed in the month:

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I hereby certify that I have worked days of the month of
20..... as mentioned above and performed the duties as mentioned.

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Date

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Signature of the Management Assistant

Part "B"

Certification of the Coordinator

I hereby certify that the above the information provided by management assistant is true and accurate

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Date

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Signature of the Programme Coordinator

Name :.....