



**Distance and Continuing Education Unit  
University of Ruhuna**

**DCEU - L 2**

**Payment Request Form by Lecturers**

Name: .....

Course Unit: .....

Faculty .....

Course Title: .....

Department: .....

UPF no: .....

Program: .....

Month(s): .....

Batch no: .....

Date & Time	Durations (hours)	Scheduled lecture (Yes/ No)	Online or Physical conducting	Zoom lecture notes uploaded or Audio + PDF/PPT Uploaded (For online lectures only)	If Separate handout uploaded/ given number of pages?

\* Please provide separate sheets for different course units

I hereby certify that I have conducted ..... hours of lectures and Handouts provided in the Month of ..... 20..... as mentioned above and certify that the relevant fees are applied herewith and no fees have been applied or no money has been received in this regard.

.....  
Date

.....  
Signature of the Lecturer

**Part "B"**

**Certification of the Course Unit Coordinator**

I hereby certify that the above lectures, tutorials, worksheets and practical classes were conducted/handouts provided. No payments have been requested previously for the above.

.....  
Date

.....  
Signature of the Course Unit Coordinator

Name :.....

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**Approval from Program Coordinator**

Approved / Not Approved

.....  
Date

.....  
Signature of the Program Coordinator

Name :.....