 **Distance and Continuing Education Unit**

**DCEU – L 2**

 **University of Ruhuna**

**Payment Request Form by Lecturers**

Name: …………………………………………………. Course Unit: ……………………….

Faculty ………………………………………………… Course Title: ……………………….

Department: ………………………………………….. UPF no: …………………………….

Program: ………………………………………………. Month(s): ……………………………

Batch no: ………………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date & Time****(Duration)** | **Details of the lecture** | **Online lecture or a physical lecture****(Online lecture - ZOOM )** |  **ZOOM recording uploaded for online lectures****(compulsory)** | **Handout - Compulsory****Detail handouts uploaded / given (Yes/ No)****Number of pages**  |
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|  |  |  |  |  |

\* 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 :……………………………………

**Approval from Program Coordinator**

Approved / Not Approved

…………………….. ……………………………………………

Date Signature of the Program Coordinator

 Name :………………………………….