



**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 (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

* 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 :.....