



පොදු -35

පොது - 35

General - 35

ශ්‍රී ලංකා උසස් තාක්ෂණ අධ්‍යාපන ආයතනය
,ලங்கා උයර් தொழில்நுட்பவியல் கல்வி நிறுவனம்
Sri Lanka Institute of Advanced Technological Education

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නිකුත් කළ දින සිට දින 30ක් ඇතුළත ගෙවිය යුතුය.
வழங்கப்பட்ட திகதியில் இருந்து 30 நாட்களுக்குள் செலுத்தப்பட வேண்டும்
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දිනය திகதி Date	විස්තරය விபரம் Description	ගෘහේතු ප්‍රමාණය பெறுமதி Rate	මුදල தொகை Amount	
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	1.Answer Scripts Marking 2.Answer Scripts Marking Moderator ගෙවීමට ඇති බලය සහ ගෙනු සම්බන්ධය கொடுப்பனவுக்குரிய அதிகாரமும் கோவை விபரமும் Authority for Payment and reference to file			
Prepared By:-..... Checked by:-.....විසින් සකස් කරන ලදී/ஆல் தயாரிக்கப் பெற்றதுවිසින් හරි වැරදි බලන ලදී/ஆல் பரிசோதிக்கப் பெற்றது	මුළු ගණන மொத்தம்\Total		

ඉහත කි සපයීම*/සේවාවන්*/වඩා*විධි වූ පරිදි අනුමතිය ඇතිව කරන ලද බවත් ඒ සඳහා රුපියල්.....ගන
.....ගෙවීම් රෙගුලාසි වලට */කොන්ත්‍රාත්තුවලට */අනුකූල වන බවත් */සාධාරණ හා යුක්ති සහගත වන බවත් */මා
ගේම දැනුම අනුව*/මිට ආදාය වන ගොනු වල ඇති සහනික අනුව*/සහනික කරමි.

சம்பந்தப்பட்ட கோவையில் உள்ள அத்தாட்சிகளின்படிமுமேலே வழங்கப்பட்ட பொருட்கள். சேவைகள். உரிய
அதிகாரமளிக்கப்பட்ட நிபந்தனைகளுக்கும் ஒப்பந்தங்களுக்கும் ஏற்றவாறு செலுத்தப்பட்ட கொடுப்பனவாகிய
ரூபா.....சதம்.....எனது அறிவுக்கு எட்டியவரை நியாயமானதும் சரியானதும் என இத்தால்
அத்தாட்சிப்படுத்துகின்றேன்.

I certify from personal knowledge*/ from the certificates in the relevant files/ that the above supplies / services/works / were
duly authorized and performed and that the payment ofand cents-.....is in
accordance with regulation / contract/fair and reasonable.....

දිනය/ திகதி / Date:.....

பதவியும்

වියදම සහනික කරන නිලධාරියෙගේ අත්සන සහ පදවිය
செலவினக் கோவை அத்தாட்சிப்படுத்தும் அலுவலரின் கையொப்பமும்

Signature and Title of Officer certifying Expenditure

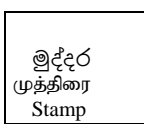
පසු පිවේ සඳහන් ගණනය වෙනුවෙන් රු..... ගන 20..... මස..... වන දා වන මේදින
හර් ගනිමි.

ரூபாசதம்.....ஐ நாளாகியகிழமை..... வருடம் பெற்றுக்கொண்டேன்.
Received this.....day of in payment of sum of Rupeesand cents.....

සකෂිකරයන්
காட்சிகள்
Witnesses

ලබාගන්නාගේ
.....

ලබාගන්නාගේ
பெறுமதி
Receiver



අත්සන
கையொப்பம்
Receiver

ගෙවන නිලධාරියෙගේ අත්සන හාදිනය
வழங்கும் அதிகாரியின் கையொப்பமும் திகதியும்
Signature of Paying Officer and Date



Payment Voucher for Evaluation

Sri Lanka Institute of Advanced Technological Education

Name of the Claiming staff member :-

Official Address :-.....

Date :-.....

Signature of claiming staff member

To : Director (ATI)

I certify that Dr./Mr./Mrs./Miss.....
Has done the said services according to the letter of appointment and handed over
number of answer scripts. I have taken overall the answer scripts and
.....number of mark sheets as well.

Date :-.....

Director (ATI)

For the Approval

I recommend the above payment for evaluation of answer scripts and services according to
payment rates.

Date :-.....

Director (Examination)