

CLAIM FOR THE EXTRA DUTY HOURS FOR THE MONTH OF YEAR

1. Name of Institution :-
2. Name of Claimant :-
3. Grade :-
4. Rate of Extra Duty Payment / Hour :-
5. Salary and No (EMP No.) :-

[illegible]

Certify that the particular given here are correct. I am personally satisfy that the extra duty has actually earned.

.....
Signature of Consultant

.....
Date

.....
Signature of Head Of Institution

Total amount claimed in figures

Rs. X =
(hrs) (Amount)

Declare that :-

- a) All particulars furnished above are correct.
- b) The number of hours worked as extra duty and amount claimed are correct.
- c) In any event of any error or irregularities, disciplinary action can be taken against me.

.....
Date

.....
Signature of Applicant

Office Use Only

The particulars furnished under item (1) to (4) overleaf have been checked and found correct and item (6) checked with Dairy and Duty Roaster.

.....
Date

.....
Signature of MA / DO

Checked the entire duty hours with duty roaster and diary,

Extra Duty hours :- X Rs. = Amount :

.....
Date

.....
Signature of MA / DO

Approved :-

.....
Date

.....
Regional Director Of Health Services, Kandy.

Accounts Branch :-

The officer can be paid Rs. As extra duty payment.

.....
Date

.....
Signature of Checking Officer

I certify that from personal knowledge / from the certificates in the relevant files overleaf that the above services / works duty authorized and performed and that the payment of Rupee
And cents is in the accordance with regulations contract fair and responsible.

.....
Date

.....
Signature and title of the Officer
Certify expenditure

Received this day of payment of the above amount. The sum of Rupees
..... And Cents

.....
Date

.....
Signature of payee