Form No./General

For EBT/CBT/RPL/NTT/ Assessment

ජාතික ආධුනිකත්ව සහ කාර්මික පුහුණු කිරීම් අධිකාරිය
National Apprentice and Industrial Training Authority

නිකුත් කළ දින සිට දින 30ක් ඇතුළත ගෙවිය යුතුය
Payable Within 30 days from the date of issues

වවුචර් අංකය
Voucher No. .....
චෙක්පත් අංකය
Cheque No. .....

ස්ථානය/Station ..... දිනය/Date.....

වැය විස්තරය/Debit Particulars .....

Payable to .....ට ගෙවිය යුතුයි.
(Name & Assessor Number)

දිනය Date	ඉටු කළ සේවයේ හෝ කරන ලද වැඩයේ හෝ සැපයූ බඩුවල විස්තරයක් හා අවශ්‍ය නම් අනුමත කරන නිලධාරියාගේ සහතිකයක් Detailed descriptions of service rendered, work executed or goods supplied & Certificate of Approving office, where necessary	ගාස්තු ප්‍රමාණය Rate	මුදල Amount	
			Rs. රු.	Cts ශත
	ගෙවීමට ඇති බලය හා ගොනු සම්බන්ධය Authority for Payments & reference to file			
Prepared by..... විසින් සකස් කරන ලදී. Checked by .....විසින් හරි වැරදි බලන ලදී.		මුළු ගණන Total		

ඉහත කී සැපයීම්/සේවාවන්*/වැඩ*/ විධි වූ පරිදි අනුමැතිය ඇතිව කරන ලද බවත්, ඒ සඳහා රුපියල්..... ..... කුත්, ශත ..... ක් ගෙවීම රෙගුලාසි වලට*/කොන්ත්‍රාත්වලට*/අනුකූල වන බවත්*/සාධාරණ හා යුක්ති සහගත වන බවත්*/ මාගේම දැනුම අනුව*/මීට අදාල ගොනුවල ඇති සහතික අනුව*/ සහතික කරමි.

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 rupees ....and cents..... is in accordance with regulations*/contract*/ fair and reasonable.

.....
ගෙවීම නිර්දේශ කරන නිලධාරියාගේ අත්සන
Recommended for Payment
දිනය/Date.....

.....
ගෙවීම අනුමත කරන නිලධාරියාගේ අත්සන
Approved for Payment
දිනය/Date.....

.....
වියදම සහතික කරන නිලධාරියාගේ අත්සන සහ පදවිය
Signature & Title of Officer Certifying Expenditure
දිනය/Date.....

ඉහත සඳහන් ගණනය වෙනුවෙන් රුපියල්.....
ශත..... 20..... .....මස .....වැනි දා වන මෙදින භාර ගතිමි.
Received..... day of ..... 20..... in payment of the check over leaf the sum of Rupees ..... and cents .....

ලබන්නාගේ අත්සන
Signature of Receiver.....

දිනය
Date.....

ගෙවන නිලධාරියාගේ අත්සන හා දිනය .....
Signature of Payment officer and Date .....

අ.පි.බ. / P.T.O.

*සටහන: අදාළ නොවන වචන කටුගා දමන්න.
*Note: Strike out words Inapplicable.

Certification of Attendance									
*Pre-Assessment					Final Assessment				
Name:					Name:				
Reg, No/ License No:					Reg, No/ License No:				
Occupation:					Occupation:				
Assessment No:					Assessment No:				
Assessment Center:					Assessment Center:				
Date	Summoned for Pre-Assessment	Present for Pre-Assessment	Suitable for Final Assessment	Amount (LKR)	Date	No. of Candidates	Units of Work	No. of Units Completed	Amount (LKR)
Total					Total				
The above Details are True & Correct. Signature of Assessor:					The above Details are True & Correct. Signature of Assessor:				
This is to certify Mr./Mrs. ..... attended the Pre-Assessment held on ..... and the Pre-Assessment was satisfactorily completed. Signature: Name: Designation: Date:					This is to certify Mr./Mrs. ..... attended the Final Assessment held on ..... and the Final Assessment was satisfactorily completed. Signature: Name: Designation: Date:				

* Do not fill if not applicable

Bank Details															
Name of the assessor															
Address															
Reg, No/ License No:															
Trade / Occupation															
NIC Number															
Telephone Number															
Name of the bank															
Branch															
Account Number															
Signature of Assessor:															

For EBT/ CBT/ RPL/ NTT/ Assessments

National Apprentice and Industrial Training Authority

..... Office/Institute

Travelling and Subsistence Claim for Work Done on duty

Voucher	
Account Code Number/ Cheque Number	

Name of officer.....

Designation.....

Work Station and address .....

Residential Address .....

.....

Annual Salary Rs.....

Approved other allowances or

Travel expenses Rs. .....

Subsistence allowance Rs.....

To go ..... For the duty of.....

(Duty and Institute)

	Rs.	Cents
Travelling expenses (Details on back)		
Subsistence (Details on back)		
25% allowance (Details on back)		
Total Amount		
Reduced Advance on		
Fines		
Balance		

I Certify that the above claim amounting to Rupees ..... (Write in letters) consists of correct records pertaining my travelling on duty in the service of the National Apprentice and Industrial Training Authority. That I have truly incurred this expense, that the rates stated are just and conform to the directives issued by the Authority time and again alone with financial rules and regulation and that depending on the nature of the duty. I was engaged in, I took the shortest route so as to cause the least expenditure to the Authority.

Date .....

Signature of Applicant: .....

These duties have been performed under the assessment number of ..... through the automated system of recommending registered assessors of the Tertiary and Vocational Education Commission (TVEC) / through NAITA's system of recommending assessors, and it is confirmed that the said duties have been duly performed as per the attendance certificate. Reports relating to these duties have been submitted on .....

Payment recommended

.....	.....	.....
Date	Name of Recommending officer	Signature

Payment is approved on the recommendation

Date.....	.....	.....
	Name of Approved officer	Signature

For Use of Finance Division

Accountant,

Checked & forwarding to the payment,

.....

Officer In charge of the subject (Finance)

I hereby certify that the above service has been duly approved and is in accordance with the Authority's payment regulations, as per the details provided and offer to pay Rs..... Cts.....

.....	.....
Date	Accountant

Received a sum of Rupees.....and cents.

Date.....

.....

Signature of claimant

Cheque/M.O. /B. O /No
Signature and date of paying officer

National Apprentice and Industrial Training Authority
Travelling and Subsistence Claim for work done on Duty

Name and address of the assessment center:								Assessment No: Date:			
Date	Time		Place		Vehicle of Travel/No	Class	No.of. K.m	Transport expenses		Subsistence Allowance	Temporary lodging and other remarks
	Departure	Arrival	From	To				Rs	Cts		

Signature of the Claimant :.....

Issue No:01

Issue Date:2023.12.18

Reviewed By:

Approved By:

Document No: NVQ/RPL/FM/21(E)