

DEPARTMENT OF _____

UNIVERSITY OF SARGODHA

Payment Bill of Remuneration of extra work load

Name of the Employee: _____ Designation: _____

Department: _____ Billing Month: _____ Account NO. _____

Total Amount: _____

Signature of the Employee

Chairman
Signature & Stamp

Certificate

It is to be certified that the he has been served satisfactorily, in addition to his / her workload, and with the entire satisfaction of this department.

Chairman
Signature & Stamp

FOR ACCOUNTS DEPARTMENT ONLY

Pay Rs. _____ (Rupees _____)

Assistant

Assistant. Treasurer

Treasurer

Jr. Auditor

Sr. Auditor

Audit Officer

Cheque # _____ Amounting Rs. _____ Dated: _____

Part Time Teaching Bill

Department of _____

S.No	Name	Designation	Department	Class	Semester	Reg/ SS	Credit Hours	Subject Name	Lectures Delivered	Rate	Amount	Amount of Paper setting	Total Amount (RS)	Filer/ Non Filer	Account No.	CNIC #	Signature of Claimant
1																	
2																	
3																	
4																	
5																	
6																	

Certificate

It is certified that the above courses have been concluded and completed by the teacher concerned satisfactorily, in addition to normal workload.

Dean
Signature and Stamp

Chairman
Signature and Stamp