

**BILL PAYMENT OF HONORARIUM TO GUEST FACULTY ENGAGED FOR THE DEPARTMENT
OF _____ FOR THE MONTH OF _____**

Name of the Guest Faculty _____

Sl. No	Date	Day	Time & Date	Amount	Total Classes	Total Amount	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
Total							

1. Certified that the lecturer delivered
are to cover up the lesson as per the
prescribed syllabus of CHSE/University
2. Certified that I have taken
above classes on working
days only
3. Any excess amount paid to
me detected later will be
refunded

Certified that the above mentioned G.F have actually delivered
lecturers satisfactorily to cover up the lesson as per the prescribed
syllabus of CHSE/University

Passed for payment for Rs. _____

Signature of the Guest Faculty

Signature of HOD

Signature of Admn. Bursar

Signature of Accounts Bursar

Principal
Govt. Women's College, Puri