

**DEEN DAYAL UPADHYAYA COLLEGE
(UNIVERSITY OF DELHI)**

NAME OF EMPLOYEE: _____
DESIGNATION: _____
DEPARTMENT: _____

Dated: _____

Bill for honorarium on account of working on Saturdays, Sundays and Closed Days for the month of _____

S.NO.	Date(s) of Saturday(s), Sundays and Closed day(s) duty performed by the employee	Actual Hours of duty performed	Amount (Rs).	Signature of the Employee
		TOTAL		

CERTIFICATE

Signature of Branch Incharge

(to be given by the concerned department/incharge)

Certified that:

1. The name of the employee mentioned above had neither received any other remuneration/ conveyance charge, Compensatory Leave for the time/date mentioned against each, nor he will do so.
2. Above employee has performed duties for more than 5 working hours on all the days except _____.

Admin. Officer,

Sr.P.A./S.O.(Admin.)/S.O.(Accts.

Passed for payment of Rs. _____ (_____)

D.A.

S.O.(A/cs)

Admin. Officer

Bursar

PRINCIPAL