

WJE Diagnostic Laboratory

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Name: Age: Gender:	Physician: Date:				
Earnings: Earnings:		Deductions: Deductions:		Deducted Deducted	Unpaid Unpaid
TOTAL	0.00	TOTAL		0.00	0.00
NET PAY	0.00				
Prepared by:	Noted by:		_ Approved by:		
		Department Head	., ,	Division	Head