



WJE Diagnostic Laboratory
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Name:
Age:
Gender:

Physician:
Date:

		Deductions:	Deducted	Unpaid
Earnings:		Deductions:	Deducted	Unpaid
TOTAL	----- 0.00 -----	TOTAL	----- 0.00 -----	----- 0.00 -----

NET PAY **0.00**

Prepared by: _____ Noted by: _____ Approved by: _____
Department Head Division Head