



WJE Diagnostic Laboratory
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TEL. No. 09123456789
DOH Lic. No. 123456
Date:

Name:
Age:
Gender:

Earnings:		Deductions:		Deducted	Unpaid
TOTAL		TOTAL		0.00	0.00

NET PAY **0.00**

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