



Name:  
Age:  
Gender:

Physician:  
Date:

### Earnings:

TOTAL	0.00
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**~~Deducted~~**

~~Unpaid~~

TOTAL

0.00

0.00

**NET PAY**

**0.00**

Prepared by: \_\_\_\_\_

Noted by: \_\_\_\_\_  
Department Head

Approved by: \_\_\_\_\_  
Division Head