

Company Name  
123 town/city/state/country zip  
Phones (555)-xxxxxxxxxxxxxx  
Insurance ID L009-987  
Email abc@sdfffffffffffff.com

Pay slip for the month of September 2015			
Employee Name		Gender	
Designation	Manager	Date Of Birth	
Department	Finance		
Salary Month	September		

Date	23/08/2015	Company ID	96-09A
P.O Number	897-A23	Phones	(111) 222-333
		TERMS	Due on Receipt

Particulars	Advance	Amount
Basic		\$14,000.00
House Rent Allowance		\$9,900.00
Conveyance		\$800.00
Dearness Allowance		\$2,289.00
Overtime		\$1,365.00
		\$200.00

	SUBTOTAL	\$24,150.00
Employee State Insurance		\$960.00
Provident Fund		\$390.00
Professional Tax		4%
	Net Salary	\$23,230.34

Employee's Signature