PAYROLL SLIP - PAYMENT ORDER - November 2023

DATE: 21/11/2023

COMPANY DATA

TIBIEL LTD ΥΠΟΚΑΤΑΣΤΗΜΑ ΑΛΛΟΔΑΠΗΣ

Λ.ΣΥΓΓΡΟΥ 106 11741 AΘHNA VAT No: 996586622 Tel.: 2109639049 FAX .: **EMPLOYEE DATA**

Code: 0002

Full Name : ΚΩΝΣΤΑΝΤΟΠΟΥΛΟΣ ΑΘΑΝΑΣΙΟΣ ΣΤΥΛΙΑΝΟΣ

Address: ΣΕΙΛΙΣΤΡΙΑΣ 32 City: AΘΗΝΑ P.C.: VAT No: 074002143 Tel.: 6981804691 Specialty: ΓΕΝΙΚΟΣ ΔΙΕΥΘΥΝΤΗΣ

Number of Insured: 200040498 Social Security No: 03087404632

IBAN:

CONTRACT BENEFIT ANALYSIS

MINIMUM SALARY

: 780,00

LEGAL SALARY

: 780.00

REGULAR BENEFITS

ΟΙΚΕΙΟΘΕΛΗ ΠΑΡΟΧΗ 8.996,80

TOTAL SALARY :

9.776,80

TOTAL DAILY SALARY :

391,07

TOTAL HOURLY SALARY

58.66

PERIOD INCOME ANALYSIS

PAID DAY WORK: 25,00

SICK DAYS: 0,00

DAYS OF LEAVE: 0,00

DAYS OF INSURANCE : 25

PAYMENT ORDER

9.776.80

TOTAL INCOME : 9.776,80

DEDUCTIONS ANALYSIS

EMPLOYEE SOCIAL SECURITY FUND: 988,51 EMPLOYER SOCIAL SECURITY FUND::1.588,59 TOTAL SOCIAL SECURITY FUND:2.577,10

EMPLOYEE SUPPLEMENTARY INSURANCE FUND.: 0,00 EMPLOYER SUPPLEMENTARY INSURANCE FUND: 0,00 TOTAL SUPPLEMENTARY INSURANCE FUND:

STAMP DUTY: 0,00 PAYROLL TAXES :3.288,28 SPECIAL SOLIDARITY CONTRIBUTION: 0,00

COMPENSATION: 0,00

TOTAL SUBSIDIES: 0,00

TOTAL EMPLOYEE DEDUCTIONS: 4.276,79

NET AMOUNT 5.500,01

LOAN 0,00 PAYMENT IN ADVANCE

OTHER DEDUCTIONS =

PAYMENT AMOUNT

5.500,01

STATEMENT OF EMPLOYEE'S RESPONSIBILITY I declare without reservation that during the above salary period 1. I worked the above wages and the corresponding hours mentioned in this settlement note - proof of payment, for regular work, overtime, night work, Sundays or holidays and holidays. 2. With this settlement and proof of payment, I accept that the wages are paid for the above salary period, and I have no other claim or maintain a claim against my employer for this reason.3. This document, a copy of which has been read and signed by me, becomes valid for any use even before any civil, administrative, or criminal court.

0.00

EMPLOYER

EMPLOYEE

Mplgesakures na nongraiens

p. Mbanola

d. Mlent