

PAYMENT ORDER DECEMBER - DATE 13/12/2024

COMPANY DATA

TIBIEL LTD ΥΠΟΚΑΤΑΣΤΗΜΑ ΑΛΛΟΔΑΠΗΣ  
Λ.ΣΥΓΓΡΟΥ 106  
11741 ΑΘΗΝΑ  
VAT No: 996586622  
Tel.: 2109639049 FAX.:

EMPLOYEE DATA

Code : 0003  
Full Name : ΚΑΡΑΝΤΖΗΣ ΑΘΑΝΑΣΙΟΣ ΝΙΚΟΛΑΟΣ  
Address : City: P.C.:  
VAT No: 110786236 Tel.:  
Specialty : ΠΡΟΓΡΑΜΜΑΤΙΣΤΗΣ  
Number of Insured : 9713635 Social Security No : 07089100411  
IBAN :

CONTRACT BENEFIT ANALYSIS

MINIMUM SALARY : 830,00

LEGAL SALARY : 830,00

REGULAR BENEFITS

ΟΙΚΕΙΟ.ΠΑΡΟ 4.079,22

TOTAL SALARY : 4.909,22 TOTAL DAILY SALARY : 196,37 TOTAL HOURLY SALARY : 29,46

PERIOD INCOME ANALYSIS

PAYMENT ORDER

PAID DAY WORK : 10,60 SICK DAYS : 0,00 DAYS OF LEAVE : 14,40 DAYS OF INSURANCE : 25  
4.909,22

TOTAL INCOME : 4.909,22

DEDUCTIONS ANALYSIS

EMPLOYEE SOCIAL SECURITY FUND: 680,91 EMPLOYER SOCIAL SECURITY FUND: 1.094,26 TOTAL SOCIAL SECURITY FUND: 1.775,17  
EMPLOYEE SUPPLEMENTARY INSURANCE FUND: 0,00 EMPLOYER SUPPLEMENTARY INSURANCE FUND: 0,00 TOTAL SUPPLEMENTARY INSURANCE FUND 0,00  
STAMP DUTY: 0,00 PAYROLL TAXES: 1.228,31 SPECIAL SOLIDARITY CONTRIBUTION: 0,00  
TOTAL EMPLOYEE DEDUCTIONS: 1.909,22

PAYMENT AMOUNT

NET AMOUNT - LOAN - PAYMENT IN ADVANCE - OTHER DEDUCTIONS = 3.000,00  
3.000,00

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.

EMPLOYER

EMPLOYEE

PAYMENT ORDER CHRISTMAS ALLOWANCE - DATE 13/12/2024

COMPANY DATA

TIBIEL LTD ΥΠΟΚΑΤΑΣΤΗΜΑ ΑΛΛΟΔΑΠΗΣ  
Λ.ΣΥΓΓΡΟΥ 106  
11741 ΑΘΗΝΑ  
VAT No: 996586622  
Tel.: 2109639049 FAX.:

EMPLOYEE DATA

Code : 0003  
Full Name : ΚΑΡΑΝΤΖΗΣ ΑΘΑΝΑΣΙΟΣ ΝΙΚΟΛΑΟΣ  
Address : City: P.C.:  
VAT No: 110786236 Tel.:  
Specialty : ΠΡΟΓΡΑΜΜΑΤΙΣΤΗΣ  
Number of Insured : 9713635 Social Security No : 07089100411  
IBAN:

CONTRACT BENEFIT ANALYSIS

MINIMUM SALARY : 830,00

LEGAL SALARY : 830,00  
REGULAR BENEFITS

ΟΙΚΕΙΟ.ΠΑΡΟ 4.079,22

TOTAL SALARY : 4.909,22 TOTAL DAILY SALARY : 196,37 TOTAL HOURLY SALARY : 29,46

PERIOD INCOME ANALYSIS

PAYMENT ORDER  
PAID DAY WORK : 10,60 SICK DAYS : 0,00 DAYS OF LEAVE : 0.00 DAYS OF INSURANCE : 25  
5.113,74

TOTAL INCOME : 5.113,74

DEDUCTIONS ANALYSIS

EMPLOYEE SOCIAL SECURITY FUND: 709,28 EMPLOYER SOCIAL SECURITY FUND: 1.139,85 TOTAL SOCIAL SECURITY FUND: 1.849,13  
EMPLOYEE SUPPLEMENTARY INSURANCE FUND: 0,00 EMPLOYER SUPPLEMENTARY INSURANCE FUND: 0,00 TOTAL SUPPLEMENTARY INSURANCE FUND 0,00  
STAMP DUTY: 0,00 PAYROLL TAXES: 1.630,07 SPECIAL SOLIDARITY CONTRIBUTION: 0,00  
TOTAL EMPLOYEE DEDUCTIONS: 2.339,35

NET AMOUNT - LOAN - PAYMENT IN ADVANCE - OTHER DEDUCTIONS = PAYMENT AMOUNT  
2.774,39 2.774,39

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EMPLOYER

EMPLOYEE