**ACA/PERA PAYROLL REPORT**

For the period «period»

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee | Office/Department | Position | ACA/PERA | Earnings | | Deductions | | Net |
|  |  |  |  |  |  |  |  |  |

I CERTIFY on my official oath that the above PAYROLL is correct and the services have been duly rendered and stated.

**CLEMELLE L. MONTALLANA, DM-HRM**

Vice-President for Administration and Finance

APPROVED Payable from the APPROPRIATION for: