

CERTIFICATE OF ${empConType} PREMIUM PAYMENTS

Name of Employee : ${empName}

Employee SSS Number : ${empSSS}

Coverage : ${coveragePeriod}

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Month | SSS PREMIUM | EC | PR NUMBER | PAYMENT DATE |
| ${year} | ${month} | ${sssPremium} | ${ec} | ${prNumber} | ${paymentDate} |

Total Premium Paid: ${totalPremium}

***=====Nothing Follows=====***

**Employer’s Name: *LOURDES COLLEGE, INC.***

**SSS Employer Number: *08-0027000-1-0000***

**Prepared by: Noted by:**

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**Payroll In-charge Vice President for Finance**