Page No.: 1
Journal Voucher No. _____

WE HEREBY ACKNOWLEDGE to have received from the DOH - RO7, Osmeña Blvd, Cebu City, the sums therein specified opposite our respective names, being in full compensation for our services for the period SAMPLE 1-31, , except as noted otherwise in the Remarks columns.

			S A L A R Y DEDUCTIONS																				
NO.	NAME	DESIGNATION SALARY	BASIC *	SUBS/ GROSS LONGEVITY/ INCOME HAZARD O.A.INC.		WTAX			G	SIS			PA	AGIBIG		0.	THERS		TOTAL DEDUCTIONS	NET AMOUNT RECEIVED	SIGNATURE	IN IT IA	REMARKS
				(Less Abs/Un	dertime)	PHIL HEALTH	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT				-	
1			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 ¹⁵			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																			- (No Picture)
2			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																			- (No Picture)
3			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																			- (No Picture)
4			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																		<u>.</u>	- (No Picture)
5			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>	_		
				0.00																			- (No Picture)
	TOTA	L THIS PAGE >>>	2,000.00 (130.90)	0.00 (0.00)	1,869.10 0.00	1,000.00 1,000.00						7,000.00		3,000.00				6,000.00	18,000.00	-8,065.45 -8,065.45			

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Journal Voucher No. _____

WE HEREBY ACKNOWLEDGE to have received from the DOH - RO7, Osmeña Blvd, Cebu City, the sums therein specified opposite our respective names, being in full compensation for our services for the period 1-31, , except as noted otherwise in the Remarks columns.

				SALARY							D	EDUCTI	ONS										
NO.	NAME	DESIGNATION	BASIC *	SUBS/ LONGEVITY/ HAZARD	GROSS INCOME O.A.INC.	WTAX			G	SIS			PA	GIBIG		01	HERS		TOTAL DEDUCTIONS	NET AMOUNT RECEIVED	SIGNATURE	IN IT IA	REMARKS
		SALARY		(Less Abs/Un	lertime) PHIL HEALTH		COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT				L	
6			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 ³⁰			
				0.00																			- (No Picture)
7			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 ¹⁵			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 ³⁰			
				0.00																			- (No Picture)
8			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																			- (No Picture)
9			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																			- (No Picture)
	TOTAL	_ THIS PAGE >>>	1,600.00 (104.72)	0.00 (0.00)	1,495.28 0.00	800.00 800.00						5,600.00		2,400.00				4,800.00	14,400.00	-6,452.36 -6,452.36			

% - PERA, R - Ra, T - Ta, C - Cellphone Allowance

Page No.: 3
Journal Voucher No. _____

WE HEREBY ACKNOWLEDGE to have received from the DOH - RO7, Osmeña Blvd, Cebu City, the sums therein specified opposite our respective names, being in full compensation for our services for the period 1-31, , except as noted otherwise in the Remarks columns.

				SALARY							D	EDUCTI	ONS										
NO.	NAME	DESIGNATION	BASIC *	SUBS/ LONGEVITY/ HAZARD	GROSS INCOME O.A.INC.	WTAX	WTAX G S I S								OTHERS				TOTAL DEDUCTIONS	NET AMOUNT RECEIVED	SIGNATURE	IN IT IA	REMARKS
		SALARY		(Less Abs/Un	ndertime)	ertime) PHIL HEALTH		AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT				L	
10			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 ³⁰			
				0.00																			- (No Picture)
11			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 ¹⁵			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																			- (No Picture)
12			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 ¹⁵			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 ³⁰			
				0.00																			- (No Picture)
13			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 ¹⁵			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 ³⁰			
				0.00																			- (No Picture)
	TOTAI	L THIS PAGE >>>	1,600.00 (104.72)	0.00 (0.00)	1,495.28 0.00	800.00 800.00						5,600.00		2,400.00				4,800.00	14,400.00	-6,452.36 -6,452.36			

% - PERA, R - Ra, T - Ta, C - Cellphone Allowance

Page No.: 4
Journal Voucher No. _____

WE HEREBY ACKNOWLEDGE to have received from the DOH - RO7, Osmeña Blvd, Cebu City, the sums therein specified opposite our respective names, being in full compensation for our services for the period 1-31, , except as noted otherwise in the Remarks columns.

				SALARY						D	EDUCTI	ONS											
NO.	NAME	DESIGNATION	BASIC *	SUBS/ LONGEVITY/ HAZARD	GROSS INCOME O.A.INC.	WTAX	GSIS							AGIBIG		от	HERS		TOTAL DEDUCTIONS	NET AMOUNT RECEIVED	SIGNATURE	IN IT IA	REMARKS
		SALARY		(Less Abs/Ur	ndertime)	PHIL HEALTH	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT	COD	AMOUNT					
14			200.00	0.00	373.82	200.00	PRM	200.00	POL	200.00	REL	200.00	PRM	200.00	CFI	200.00	HWMPC	200.00	3,600.00	-1,613.09 <u>15</u>			
			% 200.00	(0.00)	RT 0.00		CON	200.00	EML	200.00	EDU	200.00	MPL	200.00	SIMC	200.00	DIS	200.00					
			(26.18)	0.00	C 0.00		HLP	200.00					MP2	200.00	REL	200.00	DBP	200.00					
				(0.00)		200.00														-1,613.09 <u>30</u>			
				0.00																			- (No Picture)
	TOTAL THIS PAGE >>>		400.00 (26.18)	0.00 (0.00)	373.82 0.00	200.00 200.00						1,400.00		600.00				1,200.00	3,600.00	-1,613.09 -1,613.09			
TOTAL OVERALL >>>			5,600.00 (366.52)	0.00 (0.00)	5,233.48 0.00	2,800.00 2,800.00						19,600.00		8,400.00			·	14,000.00	50,400.00	-22,583.26 -22,583.26			

% - PERA, R - Ra, T - Ta, C - Cellphone Allowance