WITH CASH CARDS

We acknowledge receipt of the sum shown opposite our names as full renumeration for services rendered for the period started: ***NO WORK NO PAY POLICY**

TIN	Name		Position	MO. RATE	HALF MO.	Adjustment	Tardiness	Net Amount	Adjustment	D E D U C T I O N S							Total Amt.	REMARKS
							Absences		Add:	5% EWT	3% Prof.	Coop	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	PUBLIC HEALTH MANAGEMENT (PHM)																	
	AMAQUIN	ZOSIMO	Administrative Aide IV	12,155.00	6,077.50	0.00	2.81	6,074.69	0.00	0.00	0.00	1,612.51	0.00	0.00	0.00	0.00	4,462.18	
								6,074.69										
	REGULATION OF REGIONAL HEALTH FACILITIES AND SERVICES																	
	GOROSIN	GERWIN	Computer Maintenance Technologist II	27,565.00	13,782.50	0.00	0.00	13,782.50	0.00	0.00	0.00	500.00	200.00	0.00	0.00	0.00	13,082.50	
								13,782.50										
			Page Total	39,720.00	19,860.00	0.00	2.81	**19,857.19**	0.00	0.00	0.00	2,112.51	200.00	0.00	0.00	0.00	**17,544.68**	
			Grand Total	39,720.00	19,860.00	0.00	2.81	**19,857.19**	0.00	0.00	0.00	2,112.51	200.00	0.00	0.00	0.00	**17,544.68**	

A	**CERTIFIED** Services duly rendered as stated	**C**	**APPROVED FOR PAYMENT:** _____
	THERESA Q. TRAGICO		**SOPHIA M. MANCAO,MD,DPSP**
_____ _____		_____ _____
	Administrative Officer V Date		OIC - Asst. Director Date
	Signature over Printed Name of Authorized		(Signature over Printed Name)
	Official		Head of Agency/Authorized
			Representative
B	**CERTIFIED** Supporting documents complete and proper; and cash available in the amount of P_____	**D**	**CERTIFIED** Each employee whose name appears on the payroll has been paid the amount as indicated opposite his/her name
	ANGIELINE T. ADLAON,CPA,MBA		**JOSEPHINE D. VERGARA**
_____ _____		_____ _____
	Accountant III Date		Administrative Office V Date
	(Signature over Printed Name)		(Signature over Printed Name)
	Head of Accounting Division/Unit		Disbursing Officer